

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*
	*
	*
Plaintiff,	*
	*
	*
	CIVIL ACTION NO.
vs.	*
	*
	2:07-cv-00875-WKW
L. V. STABLER HOSPITAL, et al.,	*
	*
	*
Defendants.	*

**DEFENDANTS' SUBMISSION IN OPPOSITION TO
MOTION FOR CONDITIONAL CERTIFICATION
AND
TO FACILITATE COURT-APPROVED NOTICE
UNDER 29 U.S.C. § 216(B)**

Richard E. Smith
David B. Walston

Attorneys for Greenville Hospital
Corporation and Community Health System
Professional Services Corporation

OF COUNSEL:

CHRISTIAN & SMALL LLP
505 North 20th Street, Suite 1800
Birmingham, AL 35203-2696
Telephone: (205) 795-6588
Facsimile: (205) 328-7234

TABLE OF CONTENTS

	<u>Page</u>
TABLE OF CONTENTS	i
I. BRIEF IN OPPOSITION TO MOTION FOR CONDITIONAL CERTIFICATION AND TO FACILITATE COURT-APPROVED NOTICE UNDER 29 U.S.C. § 216(B)	1
A. INTRODUCTION	2
B. UNDISPUTED FACTS	4
C. STANDARD OF REVIEW	16
D. ARGUMENT	18
1. A Collective Action Should Not be Certified	18
a. Community Health System Professional Services Corporation	18
b. L.V. Stabler Memorial Hospital	19
2. If a Collective Action is Certified, the Notice Period Should be Restricted to Two Years	29
3. the Scope of the Proposed Notice is Too Broad	30
E. CONCLUSION	32
II. EVIDENTIARY APPENDIX	33
III. CERTIFICATE OF SERVICE	35

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,

*

*

Plaintiff,

*

*

CIVIL ACTION NO.

vs.

*

*

2:07-cv-00875-WKW

L. V. STABLER HOSPITAL, et al.,

*

*

Defendants.

*

*

**BRIEF IN OPPOSITION TO MOTION FOR CONDITIONAL
CERTIFICATION AND
TO FACILITATE COURT-APPROVED NOTICE
UNDER 29 U.S.C. § 216(B)**

Richard E. Smith
David B. Walston

Attorneys for Greenville Hospital
Corporation and Community Health System
Professional Services Corporation

OF COUNSEL:

CHRISTIAN & SMALL LLP
505 North 20th Street, Suite 1800
Birmingham, AL 35203-2696
Telephone: (205) 795-6588
Facsimile: (205) 328-7234

A. INTRODUCTION

The Brief is submitted by Greenville Hospital Corporation d/b/a L.V. Stabler Memorial Hospital (“L.V. stabler”) and Community Health System Professional Services Corporation (“CHSPSC”) in opposition to the putative plaintiffs’ motion for certification, etc. In the introduction to plaintiffs’ brief, they states: [t]his action arises from each Plaintiff’s employment with Defendant as an hourly paid employee who was not paid 1.5 times his/her regular hourly rate for hours worked in excess of 40 hours in a work week.” One expects such rhetoric in a brief’s opening passages. What is not expected is the complete lack of evidence submitted to support this rhetoric. Yet that is precisely what the court has here. Each of the putative collective class members who submitted declarations under penalty of perjury fails to testify that she worked over forty hours in a workweek and was not paid overtime. All declare that they worked through breaks and were not paid overtime for this work. *PX 1- 5.* Two contend that worked before or after their scheduled “shift” and were not paid overtime.¹ *PX 3 and 4.* None of them declare that this time worked through breaks and beyond scheduled shift hours caused them to work over forty hours in a workweek for which they were not paid

¹ The Introduction of Plaintiffs’ brief also states that the putative collective class members worked time “off the clock” for which they were not paid. In none of the declarations submitted does a putative plaintiff testify that they worked “off the clock.”

overtime. *See PX 1 - 5.*² The consent filed on behalf of Theresa Carter also suffers from this defect and contains no statement that she was not paid for time actually worked, much less not paid overtime for hours worked in excess of forty hours in a workweek. *PX - 8.*

The named plaintiff and other individuals submitting declarations or consents to the Court seek the certification of a collective class of “[a]ll current and former hourly wage employees of the Defendant within the three years preceding the filing of this case....” The putative class members have not come close to satisfying the evidentiary burden necessary for the certification of such a collective class. The only “evidence” that the putative collective class members have submitted to the Court is that L. V. Stabler Memorial Hospital had and has a policy and practice of automatically deducting 30-minutes each shift to account for a work break each employee is supposed to take, and that two putative class members would work before or after their scheduled “shift” times. They fail to testify that overtime violations actually occurred. They fail to testify that they actually worked in excess of forty hours in a workweek and were not paid overtime for all time actually worked in excess of forty hours. The putative class

² The declarations of Jessica Bennett and Katie Thomas do not contain the word “overtime.” (*PX 1 and 5*).

members rely on the uniform application of a 30-minute automatic deduction for a mandated break to “prove” they are similarly-situated. Application of a single practice that is not a *per se* violation of the Fair Labor Standards Act does not satisfy their burden. There is no evidence that these challenged payroll practices resulted in violations of the Fair Labor Standards Act. The evidence submitted to the Court will demonstrate that the putative class members are not similarly-situated. Absent evidence to back up the rhetoric, the Plaintiffs’ motion for conditional class certification is due to be denied.

B. UNDISPUTED FACTS

The Plaintiffs present an over-simplistic and sparse view of their positions with L. V. Stabler and its payroll practices. The evidence against their arguments lies in their omissions.

1. L.V. Stabler is a 72-bed acute-care hospital serving the community of Greenville, Butler County, Alabama and the surrounding area. To provide its services effectively and efficiently, and in some instances to comply with governing laws and regulations, L. V. Stabler has divided its operation into different departments or care segments.

2. The putative collective class members identified worked in the following departments during the relevant time period:

Ohsann	-	Registered Nurse, Emergency Department
Crase	-	Registered Nurse, Emergency Department
Bennett	-	Pharmacy Technician / Registration and Admissions Technician
Thomas	-	Registration and Admissions Technician
Phillips-Williams	-	Registration and Admissions Technician
Carter	-	Emergency Department

PX 1 - 5, 8; DFs' Evid. App., Exhs. 2, 3, 4 and 6.

4. During each of the putative collective class members' employment, L.

V. Stabler established and implemented "Policy D.13, Break/Meal Periods:"

1.0 PURPOSE

To establish a policy relating to breaks and meal periods in accordance with state and federal laws.

2.0 DEFINITION

Workday The normal workday for most employees will be eight hours, excluding an unpaid meal period. For some employee classifications, the workday may vary (i.e., 10-, 12- or 24-hours) depending on the work assignment.

3.0 POLICY

All break and meal periods must be in strict compliance with applicable state and federal laws.

4.0 BREAKS/REST PERIODS

Non-exempt employees may arrange with their supervisor for break(s) or rest period(s) during the workday. Such breaks count as work time, shall be approved in advance with the supervisor, and must not result in an interruption of necessary services. Breaks may not be accumulated or taken at the beginning or end of a shift.

5.0 MEAL PERIODS

Employees who work six or more continuous hours are eligible to receive an unpaid meal period of 30 minutes. The meal period will be unpaid only when the employee is completely off duty. Employees who remain on duty at their workstations during their 30-minute meal period must be paid for the time worked. Meal periods should not be scheduled at the start or end of a shift unless approved in advance by the supervisor. Time worked in lieu of meal periods will be considered for overtime purposes.

5.1 EMPLOYEE'S RESPONSIBILITIES

- Employees must clock out for meal periods of more than 30 minutes.
- Employees must clock out for any meal period taken off-site, regardless of duration.
- Employees should complete a Time Card Exception (Form 44) when they miss or encounter a shortened meal period (less than 30 minutes) due to work issues.
- Employees will be required to review and approve a Kronos and/or other payroll detail report that illustrates each meal period deduction and each missed meal period.

DFs' Evid. App., Exh. 1, Exh. A. This policy is also reflected in the Employee Handbook. *See PX - 6.*

3. Employees clock in and clock out by inserting employee identification badges into a scanner. These scanners are located at the back door of the hospital building and in the hallway down the hall from the front door of the hospital through which some employees enter. *DFs' Evid. App., Exh. 1.*

4. If an employee fails to scan in or out for some reason, he or she may complete a Payroll Correction Form indicating the time he or she began work or ceased work. *DFs' Evid. App., Exh. 1. See also, Exh. 1, Exh. B.*

5. L. V. Stabler's payroll software, Kronos, automatically deducts thirty minutes from the time reported from the scanning system to account for the unpaid meal breaks employee are supposed to take. L. V. Stabler has a form employees are to complete to report missed or shortened meal period of less than 30 minutes. Employees who submit these forms are paid thirty minutes of time and credited with thirty minutes of actual time worked for overtime purposes for the missed or shortened meal break. *DFs' Evid. App., Exh. 1.*

6. During the relevant time period, Debbie Heartsill managed the employees working in Registration and Admissions. *DFs' Evid. App., Exh. 2.*

7. During the time in which putative class members Katie Thomas, Jessica Bennett and Rose Phillips-Williams worked in Registration and Admissions Department, Ms. Heartsill was scheduling employees for 12-hour

work shifts, 7:00 am to 7:00 pm and 7:00 pm to 7:00 am. During this time, for day shifts, Ms. Heartsill always scheduled two employees to work full 12-hour shifts and for many day shifts she scheduled a third employee to work shorter shift periods spanning the time that studies indicated were peak admission times. Ms. Heartsill and the Registration Supervisor also worked the Registration and Admissions desk when workload demanded so employees could take breaks. Also, for many nights shifts during this period, Ms. Heartsill scheduled two employees to work the Registration and Admissions desk. *DFs' Evid. App., Exh. 2.*

8. For night shifts for which only one employee worked the shift at the Registration and Admissions desk, Ms. Heartsill would override the automatic 30-minute deduction made by the Kronos payroll system without the employee having to complete a Payroll Correction Form. This practice is evidenced by the payroll records of Katie Thomas and Jessica Bennett which were voluntarily produced to their counsel before the motion for conditional certification was filed. *Defendants Evidentiary Appendix, Exhs. 2 and 6.* (Deduction overrides are indicated by a "c" by the time entry for a particular shift.)

9. Although hospital policy states that employees are allowed to take an uninterrupted meal break after six hours of work, Ms. Heartsill allowed

Registration and Admission personnel to take meal breaks after four hours of work. In accordance with hospital policy, Ms. Heartsill allowed employees under her supervision to take 30 minutes of paid breaks during a shift. *DFs' Evid. App., Exh. 2.*

10. During the relevant time period, Ginger Salter, RN, managed the Emergency Department. *DFs' Evid. App., Exh. 3.*

11. Regular shifts in the Emergency Department were typically 12-hours shifts and Ms. Salter always scheduled two nurses to work 7:00 am to 7:00 pm and two nurses to work 7:00 pm to 7:00 am. For weekend nursing shifts, Ms. Salter posted the opportunity for nurses to volunteer to work from 11:00 am until 11:00 pm or a shorter period if the nurse who volunteered to work the shift preferred.

DFs' Evid. App., Exh. 3.

12. Ms. Salter typically worked from 8:00 am to 5:00 pm and sometimes worked as a registered nurse in the Emergency Department when patient needs required, to allow the nurses on duty to take breaks and take care of personal business, and to cover absences during shifts. *DFs' Evid. App., Exh. 3.*

13. During the relevant time period, L.V. Stabler also employed an Emergency Department Technician who worked from 3:00 pm to 11:00 pm, Monday through Friday. The Emergency Department Technician assisted in

moving patients, beds and other equipment and performed other duties in the Emergency Department as allowed. His assistance allowed the Emergency Department nurses to focus on providing nursing patient care and other duties only registered nurses were allowed by law to perform. His work also freed the nurses them from having to perform duties that could be performed by employees who are not Registered Nurses.

14. Emergency Department personnel were allowed to take unpaid, uninterrupted breaks of thirty minutes in order to eat as well as paid breaks up to 30 minutes during a shift. The testimony of Registered Nurses working in the Emergency Department on both day shift and night shift indicate that workload in the Emergency Department rarely caused to them to miss taking an uninterrupted 30-minute meal break or the paid breaks allowed them. *DFs' Evid. App., Exhs. 4-5.*

15. There was no requirement that Emergency Department personnel remain at their workstations during meal periods or other breaks. In fact, Emergency Department personnel were advised repeatedly by management that they were not to eat at the workstation in the Emergency Department. The Emergency Department had an exclusive staff lounge within twenty feet of the workstation in which to eat if they did not wish to eat in the cafeteria. Emergency

Department employees are supposed to eat in the break room or the cafeteria.

Nonetheless, some Emergency Department personnel did so as a matter of personal preference, not as a requirement of patient care or work duties. *DFs' Evid. App., Exhs. 3, 4 and 5.*

16. During the relevant time period, Matthew Colley managed the Pharmacy for L. V. Stabler and supervised Jessica Bennett's work there. *DFs' Evid. App., Exh. 6.*

17. Under state law, the hospital pharmacy must be locked unless a licensed pharmacist is on the hospital premises. If the pharmacist leaves the premises for more than thirty minutes, the pharmacy has to be closed and locked. Pharmacy Technicians do not have access to the pharmacy in the absence of the pharmacist from the premises. The only hospital employee with authorized access to the pharmacy in the absence of the pharmacist is the House Supervisor, a licensed nurse. Due to these regulations, Pharmacy Technicians are not scheduled to work when the pharmacist is not working in the hospital pharmacy. *DFs' Evid. App., Exh. 6.*

18. State law also requires a licensed pharmacist to control the dispensing of any controlled substance from the pharmacy. No prescription medication may be dispensed without the pharmacist's prior approval, unless done so by the House

Supervisor in emergency situations. Pharmacy Technicians are not authorized by law to dispense medications without the pharmacist's prior approval. For this reason, there can be no emergency in the hospital requiring a Pharmacy Technician to be called off break because the pharmacist has to be present to approve the dispensing of the medication and the pharmacist can perform that task without assistance. The only exception is if the Pharmacy has to respond to a "code." For "codes," it is Mr. Colley's protocol that he and a Pharmacy Technician on duty respond to the code to dispense any medications ordered by the responding physician. According to Mr. Colley, these instances are rare. also, with two Pharmacy Technicians on duty during the weekdays, one on a meal break would not be required to interrupt that break. *DFs' Evid. App., Exh. 6.*

19. During the period in which Jessica Bennett worked in the L.V. Stabler pharmacy, L.V. Stabler employed two regular Pharmacy Technicians and Ms. Bennett as a prn Pharmacy Technician. Monday through Friday, Mr. Colley scheduled the two regular Pharmacy Technicians to assist him when the pharmacy was open. During the week, the pharmacy was open from 7:00 am until 4:00 pm. Mr. Colley scheduled one Pharmacy Technician to work from 7:00 am until 3:30 pm and the other to work from 7:30 am until 4:00 pm. Jessica Bennett filled in as needed. On weekends, the L.V. Stabler pharmacy was open from 7:00 am until

11:00 am. Mr. Colley scheduled one Pharmacy Technician to work each weekend. Mr. Colley had the regular Pharmacy Technicians and the prn Pharmacy Technician rotate weekends. Mr. Colley worked the entire time the pharmacy was open or arranged coverage by another licensed pharmacist when he could not work. *DFs' Evid. App., Exh. 6.*

20. Other than emergency responses, the work in the pharmacy at Greenville Hospital Corporation was routine while Jessica Bennett worked as a prn Pharmacy Technician. Generally, prescriptions for admitted patients were submitted the day or night before the medications were needed. The nurses on the floors generally administered the prescribed medications to patients at 9:00 am each morning. The medications for each morning were pre-stocked at the nurse stations in a "Pyxis" device. A Pyxis device tracks the medications prescribed, dispensed and administered to patients. Software monitors the medications loaded in the Pyxis, the date loaded, the person loading the device, and the amount of each medication loaded. The software also monitors the date medications are removed from the device, the person who removes the medication, and the amount of the medication removed. The Pyxis software is programmed with minimum and maximum stocking standards for each medication and alerts the pharmacy when the stock is too high or too low. This ensures that the medications are tracked

appropriately and are readily available at the nurses' stations when needed. *DFs' Evid. App., Exh. 6.*

21. Proper stocking of the Pyxis devices was accomplished by Mr. Colley and the Pharmacy Technicians. Prescriptions are delivered to the pharmacy the day or night before the medications are to be administered to the patients on nurses' rounds. The next morning Mr. Colley reviews and approves the prescriptions and authorizes the delivery of medications to the Pyxis devices. Mr. Colley or a Pharmacy Technician then fills the order and delivers the medication to the appropriate nurses' station and loads the Pyxis device. The loading of all Pyxis devices was completed before 8:30 am so the nurses could administer the medications at 9:00 am. *DFs' Evid. App., Exh. 6.*

22. Because of the medication stock monitoring by the Pyxis machine, there was never an immediate need to re-stock a Pyxis device. *DFs' Evid. App., Exh. 6.*

23. The pharmacy also fills prescriptions for intravenous medications. On the weekdays, the pharmacy filled prescriptions for intravenous medications between 1:00 and 1:30 pm. On weekends, intravenous prescriptions were filled between 10:30 am and 11:00 am. In the time between the stocking of Pyxis devices and the preparation of intravenous medications, the Pharmacy Technicians

on duty were free to complete paperwork as needed. Mr. Colley also allowed the Pharmacy Technicians to take paid work breaks after 8:30 am. *DFs' Evid. App., Exh. 6.*

24. Mr. Colley testified that Jessica Bennett was interested in emergency medicine and regularly would leave the pharmacy and go to the Emergency Department when patients were brought in. Before Jessica Bennett switched full time to the Registration and Admissions Department, he had to counsel her about the frequency she was in the Emergency Department during her pharmacy shifts because she was not authorized to be there and could not assist the Emergency Department personnel with patient care without Mr. Colley's presence. *DFs' Evid. App., Exh. 6.*

25. Mr. Colley's business operated a remote prescription order business in the evenings and at night. Mr. Colley hired Jessica Bennett to enter computer orders from prescriptions faxed to the pharmacy by physicians. According to Mr. Colley, Jessica Bennett reviewed and placed computer orders for prescriptions he approved and scanned into his company's computer system. Ms. Bennett did this work during her work shifts in Registration and Admissions, presumably during her paid and unpaid breaks, using the hospital's internet connection to do so. Ms.

Bennett was paid by Mr. Colley's company for her services in placing computer orders. *DFs' Evid. App., Exh. 6.*

C. STANDARD OF REVIEW

The putative collective class members rely on the standard of review or motions for collective class certification articulated by the Eleventh Circuit in *Hipp v. Liberty Nat'l Life Ins. Co.*, 252 F.3d 1208, 1217 (11th Cir. 2001), which sets out a two stage review process. One district court sitting in the Eleventh Circuit has observed:

The district courts in this circuit have generally utilized the *Hipp* two-tiered approach. *See e.g., Cameron-Grant v. Maxim Healthcare Servs. Inc.*, 347 F.3d 1240, 1242 n. 2 (11th Cir.2003) (“Since *Hipp*, the district courts in our circuit have utilized the two-tiered approach.”).

However, “[n]othing in [the 11th] circuit precedent ... requires district courts to utilize this approach. The decision to create an opt-in class under § 216(b), like the decision on class certification under Rule 23, remains soundly within the discretion of the district court.” *Hipp*, 252 F.3d at 1219 (citations omitted).

Ledbetter v. Pruitt Corp., 2007 WL 496451 at 2 (*copy attached, Defendants' Evidentiary Appendix, Exh. 8*). As this Court has observed,

[t]he rationale for the ‘fairly lenient standard’ [of *Hipp*] is that at the early stages of litigation, plaintiffs have not had time to conduct discovery and marshal the best evidence.

Davis v. Charoen Pokphand (USA), Inc., 303 F.Supp.2d 1272, 1276 (M.D. Ala. 2004). This Court further stated that this rationale disappears, however, once a plaintiff has had an opportunity to conduct discovery with respect to a defendant's *policies and procedures*. *Charoen Pokphand*, 303 F.Supp.2d at 1276. The *Ledbetter* court found that because the plaintiffs had conducted discovery regarding the defendant's payroll policies and practices, it was inappropriate to apply the first stage of the *Hipp* analysis and proceeded to review the case under the second stage. *Ledbetter*, 2007 WL 496451 at 3.

The same rationale supports this Court's exercise of the same discretion in this cause. Foremost, there is no need for plaintiffs to conduct discovery into the payroll policies and practices of L.V. Stabler. L.V. Stabler is one facility. The sole payroll policy attacked by all putative plaintiffs is the automatic 30-minute deduction for meal periods.³ The putative collective class members submitted to the Court this payroll policy. *See Plaintiffs' Evidentiary Submissions, Ex. 6*. The putative plaintiffs worked under this policy every day. As evidenced by their own submissions to the Court, the putative plaintiffs were well aware of the meal break

³ "Indeed, the burden can be met by demonstrating sufficient facts to suggest that they and the class were subject to a single corporate policy or plan..." *Plaintiffs' Brief* at p. 8. as noted previously, only two of the six putative plaintiffs state they performed extra work beyond their scheduled shifts.

policy and the manner in which to received work credit and compensation for meal periods missed in whole or in part. *PX - 7; DFs' Evid. App., Exh. 7.* Most of the putative collective class members used Payroll Correction Forms to receive payment for missed meal breaks. *See DFs' Evid. App., Exh. ____.* Moreover, up until the pending motion for certification was filed, at every point when plaintiffs' counsel identified a putative collective class member, counsel for defendants would voluntarily provide a copy of the payroll records for that employee, Payroll Correction Forms completed by that employee, and a description of the job responsibilities of that employee. *DFs' Evid. App., Exh. 7.* Accordingly, discovery regarding the payroll challenged by the putative plaintiffs is entirely unnecessary and it is appropriate for this Court to follow the course charted by the *Ledbetter* court.

D. ARGUMENT

1. A Collective Action Should Not be Certified.

a. Community Health Systems Professional Services Corporation

As a starting point, to the extent the putative plaintiffs seek to include employees of Community Health Systems Professional Services Corporation ("CHSPSC") in the collective class, their efforts are woefully inadequate under

either the approach of *Hipp* or *Ledbetter*. The putative plaintiffs have not provided any evidence that they are employed by CHSPSC. They have identified any payroll policy or practice of CHSPSC that impacts their employment. Their testimony does not even mention CHSPSC. Whether addressed under *Hipp* or *Ledbetter*, the putative plaintiffs has failed to satisfy their burden of establishing that a collective action under the 29 U.S.C. § 216(b) against CHSPSC is appropriate.⁴

b. L.V. Stabler Memorial Hospital

Similarly, regardless of the standard of review this Court elects to use in its discretion, the collective action procedure of 29 U.S.C. § 216(b) and the “fairly

⁴ Ledbetter seeks to represent a class comprised of all current and former employees employed by Pruitt in all of its facilities throughout the State of Georgia employed on or after March 1, 2003. The Court will not allow Ledbetter to represent such a statewide class of Pruitt employees. Such a class contains individual employees who have different job responsibilities, who work in different facilities, in different locations, and, most likely, in different working conditions. Furthermore, Ledbetter has filed affidavits in support of her motion for certification from employees employed at only two of Pruitt's facilities: Peake and Hilltop. Ledbetter has not pointed to any employees employed at any other facility who claim to be subjected to employment practices that violate the FLSA. The only evidence of such is Ledbetter's statement in her affidavit that Pruitt's policies applied to other employees throughout the state. This allegation is wholly conclusory and without support.

Ledbetter, 2007 WL 496451 at 3.

lenient" standard of review espoused in *Hipp*, cannot be viewed as eliminating a plaintiff's burden of establishing a *prima facie* case of a violation of the Fair Labor Standards Act before a collective action can be conditionally certified. As discussed in the Introduction to this Brief, the putative plaintiffs have not presented any testimony or other evidence to even suggest that the challenged payroll practice resulted in overtime violations with respect to their compensation. Two of their declarations do not even use the word "overtime" or the phrase "in excess of forty hours." The remainder do not state that the declarant worked in excess of forty hours in a workweek and did not receive overtime compensation in accordance with the FLSA for the time worked over forty hours in that workweek. The declaration simply state that the putative plaintiff worked through a break, did not get paid overtime for the time without any claim that the time worked resulted in them working over forty hours that workweek.

Donna Ohsann: "8. L.V. Stabler deducted from my pay 30 minutes per day for my lunch regardless of whether I actually took the full time or if I only took a portion of the time for my lunch. Seldom did I take a full lunch or even lunch at all because we are short-handed or because of my heavy workload, and I was unable to leave my workstation."

 "9. For all the time I worked for L.V. Stabler during lunch, I was not paid by L.V. Stabler."

Jessica Bennett: “7. L.V. Stabler deducted from my pay 30 minutes per day for my lunch regardless of whether I actually took the full time or if I only took a portion of the time for my lunch. Seldom did I take a full lunch or even lunch at all because we are short-handed or because of my heavy workload, and I was unable to leave my workstation.”

“8. For all the time I worked for L.V. Stabler during lunch, I was not paid by L.V. Stabler.”

Vicki Crase: “8. L.V. Stabler deducted from my pay 30 minutes per day for my lunch regardless of whether I actually took the full time or if I only took a portion of the time for my lunch. Seldom did I take a full lunch or even lunch at all because we are short-handed or because of my heavy workload, and I was unable to leave my workstation.”

“9. For all the time I worked for L.V. Stabler during lunch, I was not paid by L.V. Stabler.”

Rose Phillips-Williams: “7. L.V. Stabler deducted from my pay 30 minutes per day for my lunch regardless of whether I actually took the full time or if I only took a portion of the time for my lunch. Seldom did I take a full lunch or even lunch at all because we are short-handed or because of my heavy workload, and I was unable to leave my workstation.”

“8. For all the time I worked for L.V. Stabler during lunch, I was not paid by L.V. Stabler.”

Katie Thomas: “7. L.V. Stabler deducted from my pay 30 minutes per day for my lunch regardless of whether I

actually took the full time or if I only took a portion of the time for my lunch. I did not take a full lunch or even a lunch while I worked the switchboard during the night shift because no one was there to relieve me, and I was unable to leave the switchboard.”

“8. For all the time I worked for L.V. Stabler on the switchboard at night I was not paid by L.V. Stabler.”

PX 1-5.

A plaintiff cannot be allowed to waltz into this Court, say only, “I worked some time and didn’t get paid overtime” and have a collective class certified under 29 U.S.C. § 216(b). That is precisely what the plaintiffs ask for in their submission.

In addition to this severe short-coming in the putative plaintiffs’ submission, L.V. Stabler also has demonstrated that the putative plaintiffs are not similarly-situated as required for certification of a collective class. Because the *Ledbetter* decision is “on all fours” with the facts of this case, and relies heavily on decisions from this Court, we quote from *Ledbetter* at length. In finding that the putative plaintiffs were not similarly-situated, the *Ledbetter* court stated:

Ledbetter seeks to represent a class comprised of all current and former employees employed by Pruitt in all of its facilities throughout the State of Georgia employed on or after March 1, 2003. The Court will not allow Ledbetter to represent such a statewide class of Pruitt employees. Such a class contains individual employees who have **different job responsibilities**, who work in different facilities, in different locations, and, most

likely, in **different working conditions**. Furthermore, Ledbetter has filed affidavits in support of her motion for certification from employees employed at only two of Pruitt's facilities: Peake and Hilltop. Ledbetter has not pointed to any employees employed at any other facility who claim to be subjected to employment practices that violate the FLSA. The only evidence of such is Ledbetter's statement in her affidavit that Pruitt's policies applied to other employees throughout the state. This allegation is wholly conclusory and without support.

Ledbetter, 2007 WL 496451 at 3 (emphasis added).

The Court notes that it could permit notification to and certification of a smaller class consisting only of employees at Peake and Hilltop. However, the Court declines to do so because, as explained more fully below, Ledbetter has not met the "similarly situated" requirement in order for such a collective action to proceed. In order to authorize the class notice necessary for a collective action to proceed, the Court "should satisfy itself that there are other employees of the defendant-employer who desire to (1) 'opt-in' and (2) are 'similarly situated' with respect to their job requirements and with regard to their pay provisions." *Dybach v. Fla. Dep't of Corr.*, 942 F.2d 1562, 1567-68 (11th Cir.1991).

* * *

The real issue for this Court to decide is whether Ledbetter and the potential collective action members from Peake and Hilltop are "similarly situated" within the meaning of FLSA.... Although the Court has little guidance as to the exact meaning of "similarly situated," it is clear that Ledbetter bears the burden of establishing that she and the group she wishes to represent are "similarly situated." See *Grayson v. K Mart Corp.*, 79

F.3d 1086, 1096 (11th Cir.1996). Ledbetter does not identify with particularity the theory upon which she attempts to prove she is “similarly situated” to the other employees in the Peake and Hilltop facilities. One way in which Ledbetter may prove she and the other employees are “similarly situated” is by providing sufficient evidence showing Pruitt engaged in a policy or pattern of **FLSA violations**. *See, e.g., Hill v. Muscogee County Sch. Dist.*, 2005 WL 3526669, *2 (M.D. Ga.2005) (“to show that they are similarly situated, plaintiffs may present allegations and evidence to show that defendant engaged in a unified policy, plan, or scheme of **FLSA violations**”) (citing *Grayson*, 79 F.3d at 1096); *Marsh v. Butler County Sch. Sys.*, 242 F.Supp.2d 1086, 1094 (M.D. Ala.2003); *Harper v. Lovett's Buffet*, 185 F.R.D. 358, 364 (M.D. Ala.1999). After review of Ledbetter's arguments, the Court cannot imagine any other way in which Ledbetter could prove the “similarly situated” requirement other than to establish that Pruitt engaged in a policy or pattern of **FLSA violations**. Therefore, the Court analyzes whether Ledbetter meets the “similarly situated” requirement under this policy or pattern scheme.

Ledbetter, 2007 WL 496451 at 3-4 (emphasis added).

In essence, Ledbetter contends that Pruitt's company-wide policy and practice of automatically deducting meal periods from employees' pay during periods in which the employees were not relieved of duty resulted in a pattern of FLSA violations—the denial of pay for some hours worked. In order to sufficiently provide evidence of a pattern or practice of FLSA violations, Ledbetter must make “*substantial and detailed allegations of FLSA violations and provide evidence to support* that [the plaintiffs], like other members of the putative opt-in plaintiff class, were the victims of

[defendant's] employment practices **which resulted in [FLSA] violations.**" *Harper*, 185 F.R.D. at 365 (citing *Grayson*, 79 F.3d at 1097) (emphasis added); *see also Marsh*, 242 F.Supp.2d at 1095.

Ledbetter, 2007 WL 496451 at 4 (emphasis added).

Ledbetter fails to provide sufficiently detailed evidence establishing that Pruitt's policy of automatic meal deductions resulted in a pattern or practice of FLSA violations. Ledbetter only points generally to the deposition testimonies of Norma Cook and Renee Jiles, and to the affidavits of Ledbetter and the five opt-in plaintiffs, **which provide the Court with no specific allegations or evidence of FLSA violations as a result of Pruitt's policy to automatically deduct meal periods.** Norma Cook, the personnel manager at Peake, and Renee Jiles, the administrator of Peake, simply state that Peake had a policy of automatically deducting thirty minutes for meal periods after five hours of work and that the policy predicated their employment. **Likewise, Ledbetter and the opt-in plaintiffs' affidavits simply state, almost identically,⁵ that Pruitt had a practice of taking deductions from hourly pay for meal periods, even though the employees did not always take breaks.** This evidence essentially boils down to what Pruitt admits: Pruitt has a policy of automatically deducting thirty minutes from employees' hourly pay for meal periods.

A policy of automatic meal deductions does not *per se* violate the FLSA. See *Enright v. CGH Med. Ctr.*, 1999 WL 24683, (N.D.Ill.1999).

Ledbetter, 2007 WL 496451 at 4 (footnote, italics and emphasis added).

⁵ See quotes from declarations of putative plaintiffs, above, to observe that the allegations are identical in four with the fifth substantially identical.

The Court is unpersuaded by Ledbetter's argument that Pruitt's policy and practice of automatic deductions is a *per se* violation of the FLSA because Pruitt does not ensure that each employee takes the full meal period each shift. Ledbetter's reliance on *Donovan v. Grantham*, 690 F.2d 453 (5th Cir.1982) and *Brennan v. Elmer's Disposal Service, Inc.*, 510 F.2d 84, 88 (9th Cir.1975) in support of this contention is misplaced. **These cases do not hold nor even suggest that employers have an affirmative obligation to ensure that their employees take the full meal period before deducting it from the employees' hours.** These cases simply state the well-established rule that "an employee cannot be docked for lunch breaks during which he is required to continue with any duties related to his work." *Brennan*, 510 F.2d at 88; *see also*, *Donovan*, 690 F.2d at 457; 29 C.F.R. § 785.19.

The Court is also unpersuaded by Ledbetter's argument that the similarly situated requirement is met because the implementation of the automatic meal deduction policy to each employee resulted in a pattern of FLSA violations. Ledbetter simply states that Pruitt automatically deducted meal periods even though employees were not completely relieved of their job duties. She provides no other details establishing the particular circumstances surrounding the allegations that Pruitt automatically deducted meal periods while the employees were working. For instance, she does not identify when the meal periods were taken or what job duties the employees were performing at the time the meal periods were deducted. **Simply claiming a violation of the FLSA will not suffice to meet the "similarly situated requirement."**

Ledbetter, 2007 WL 2007 WL 496451 at 4 (emphasis added).

The facts before the Court here are no different from those considered by the *Ledbetter* court. The putative plaintiffs work in a healthcare facility. They challenge an automatic 30-minute meal deduction. Although the named plaintiff alleges a FLSA violation in the complaint, the sworn declarations submitted by the putative plaintiffs do not state that the automatic deduction created a right to overtime compensation. They simply state they did not receive overtime compensation without any statement that they worked in excess of forty hours in the workweeks in which they contend they were unable to take uninterrupted 30-minute meal breaks. Similarly, the two putative plaintiffs who state they worked beyond scheduled shift times without compensation do not testify that this extra work caused them to exceed forty hours of work in the workweeks in which such extra-shift work occurred. This leaves the putative plaintiffs with the argument that the automatic 30-minute meal deduction is a *per se* violation of the FLSA, an argument that has been rejected by the courts.

During the relevant time period, the putative plaintiffs worked in separate and distinct departments or operations under the supervision of different managers. The nature of the staffing, coverage scheduling and workloads in each department is different. *See Defendants' Evidentiary Exhs. 2 - 6.* The reasons an employee may have a meal break interrupted or the inability to take paid breaks would differ from

department to department and even day to day and shift to shift within the same department.

The plaintiffs also completely failed to mention the fact that they received thirty minutes of paid breaks during shifts. These paid breaks counted toward time actually worked for overtime purposes. Employers are allowed to claim credit for paid breaks which it counts toward overtime work accrual against time deducted for meal breaks that were not taken. *See Avery v. City of Talladega, Ala.*, 24 F.3d 1337 (11th Cir. 1994) (Employer allowed to offset paid 30-minute break against thirty minutes of pre and post shift time actually worked.) the evidence submitted to the Court demonstrates that there was rarely a time when employees at L.V. Stabler were not able to take the paid breaks offered. Thus, even if a putative plaintiff were not able to take an uninterrupted meal period during a shift, working through all or a portion of the meal break did not result in them actually working time for which they were paid during that shift.

The putative plaintiffs have failed to carry their burden for the certification of a collective action under 29 U.S.C. § 216(b) and their motion is due to be denied.

2. If a Collection Class is Certified, the Notice Period should be Limited to Two Years.

The putative plaintiffs argue that any notice period should extend to three years because the overtime violations of L.V. Stabler were willful. Such a contention cannot stand in the face of all the policies L.V. Stabler has in place and the efforts it undertakes to ensure its employees are paid the compensation to which they are entitled under the law. Consider Policy D-13:

1.0 PURPOSE

To establish a policy relating to breaks and meal periods in accordance with state and federal laws.

3.0 POLICY

All break and meal periods must be in strict compliance with applicable state and federal laws.

5.0 MEAL PERIODS

Employees who work six or more continuous hours are eligible to receive an unpaid meal period of 30 minutes. **The meal period will be unpaid only when the employee is completely off duty. Employees who remain on duty at their workstations during their 30-minute meal period must be paid for the time worked.** Meal periods should not be scheduled at the start or end of a shift unless approved in advance by the supervisor. **Time worked in lieu of meal periods will be considered for overtime purposes.**

DFs' Evid. App., Exh. 1, Exh. A. L.V. Stabler implemented a policy under which employees who were unable to take 30-minute uninterrupted meal breaks could report

the missed break and receive compensation and time actually worked credit for overtime purposes. *DFs' Evid. App., Exh. 1, Exh. A - B.* L.V. Stabler trained employees regarding these policies. *DFs' Evid. App., Exh. 7.* Most importantly, L.V. Stabler corrected the automatic payroll deduction and paid employees for missed or interrupted meal breaks whenever they were reported. *DFs' Evid. App., Exh. 2 and 7.* Each of the putative plaintiffs were aware of this policy and submitted forms for correction of missed meal breaks. *DFs' Evid. App., Exh. 7.* L.V. Stabler is not under an affirmative to ensure that employees takes the full meal break period before deducting it from their hours. A plaintiff who intentionally fails to report time worked though required to do so should not be heard to complain that the failure to compensate the employee for such unreported time is a willful violation of law. An employee should not be rewarded for his or her own willful misconduct.

3. The Scope of the Proposed Notice is Too Broad.

Finally, the scope of the notice proposed by the putative plaintiffs is too broad given the payroll policy and practices challenged. The putative plaintiffs would have notice sent to "ALL HOURLY-PAID PERSONS WHO WORKED OVER FORTY (40) HOURS IN ONE OR MORE WEEKS FROM OCTOBER 1, 2004 TO THE PRESENT." The notice is not limited to current and former employees of L.V. Stabler. It is not limited to current and former employees of L.V. Stabler who worked

over forty hours in a workweek and who were not paid overtime for the time worked in excess of forty hours. It is not limited to employees of L.V. Stabler who worked through all or portions of meal breaks for whom the automatic payroll deduction was not corrected. It is not limited to current or former employees of L.V. Stabler who worked before and after scheduled shifts which work caused them to exceed forty hours of work in a workweek for which work they did not receive overtime compensation. And, the time period for the notice extends beyond the date the named plaintiff filed this cause, thereby exceeding the statute of limitations of the FLSA for even willful violations. Finally, it is intentionally misleading and describes work practices that are not violations of the FLSA:

“not providing an unpaid lunch that was in a location away from the employees’ work station”

“failure to pay employees for time spent in these various activities violated the Fair Labor Standards Act by depriving employees of compensation for all hours worked...”

Any notice approved by the Court should be restricted to the precise payroll practice challenged in this cause, describe only the potential FLSA violation implicated by the challenged payroll practice, and be limited to the appropriate period of potential liability.

E. CONCLUSION

The putative plaintiffs have failed to satisfy their burden of establishing that this cause is appropriate for collective class certification with the putative plaintiffs failing to even present sworn testimony establishing that they were not paid overtime compensation for hours worked in excess of forty in a workweek. The policies and practices of L.V. Stabler demonstrate that any overtime violations that could have occurred were the responsibility of the putative plaintiffs and the violations were not willful. Finally, L.V. Stabler has demonstrated that the notice proposed by the putative plaintiffs is overly broad and legally incorrect. For all these reasons, the certification and procedures requested by the putative plaintiffs should be denied.

/s/ Richard E. Smith

/s/ David B. Walston

Attorneys for Greenville Hospital Corporation
d/b/a L.V. Stabler Memorial Hospital and
Community Health Systems Professional
Services Corporation

OF COUNSEL:

CHRISTIAN & SMALL LLP
505 North 20th Street, Suite 1800
Birmingham, AL 35203-2696
Telephone: (205) 795-6588
Facsimile: (205) 328-7234

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*
	*
Plaintiff,	*
	*
	CIVIL ACTION NO.
vs.	*
	*
	2:07-cv-00875-WKW
L. V. STABLER HOSPITAL, et al.,	*
	*
Defendants.	*

**EVIDENTIARY APPENDIX OF GREENVILLE HOSPITAL
CORPORATION AND
COMMUNITY HEALTH SYSTEMS
PROFESSIONAL SERVICES CORPORATION**

Richard E. Smith
David B. Walston

Attorneys for Greenville Hospital
Corporation and Community Health System
Professional Services Corporation

OF COUNSEL:

CHRISTIAN & SMALL LLP
505 North 20th Street, Suite 1800
Birmingham, AL 35203-2696
Telephone: (205) 795-6588
Facsimile: (205) 328-7234

TABLE OF CONTENTS

Affidavit of Carol Harold	Exhibit 1
Affidavit of Debbie Heartsill	Exhibit 2
Affidavit of Ginger Salter	Exhibit 3
Affidavit of Monica Stringer	Exhibit 4
Affidavit of Corine Baxter	Exhibit 5
Affidavit of Matthew Colley	Exhibit 6
Affidavit of David Walston	Exhibit 7
<i>Ledbetter v. Pruitt Corp.</i> , 2007 WL 496451	Exhibit 8

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this Submission was served on the following in accordance with the electronic filing procedures established the United States District Court for the Middle District of Alabama, on this March 28, 2008:

David R. Arendall, Esq.
Allen D. Arnold, Esq.
Arendall & Associates
2018 Morris Avenue
Birmingham, AL 35203

/s/ David B. Walston
Of Counsel

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*
	*
Plaintiff,	*
	*
vs.	CIVIL ACTION NO.
	*
	*
L. V. STABLER HOSPITAL, et al.,	2:07-cv-00875-WKW
	*
	*
Defendants.	*

**EVIDENTIARY APPENDIX OF GREENVILLE HOSPITAL
CORPORATION AND
COMMUNITY HEALTH SYSTEMS
PROFESSIONAL SERVICES CORPORATION**

Richard E. Smith
David B. Walston

Attorneys for Greenville Hospital
Corporation and Community Health System
Professional Services Corporation

OF COUNSEL:

CHRISTIAN & SMALL LLP
505 North 20th Street, Suite 1800
Birmingham, AL 35203-2696
Telephone: (205) 795-6588
Facsimile: (205) 328-7234

TABLE OF CONTENTS

Affidavit of Carol Harold	Exhibit 1
Affidavit of Debbie Heartsill	Exhibit 2
Affidavit of Ginger Salter	Exhibit 3
Affidavit of Monica Stringer	Exhibit 4
Affidavit of Corine Baxter	Exhibit 5
Affidavit of Matthew Colley	Exhibit 6
Affidavit of David Walston	Exhibit 7
<i>Ledbetter v. Pruitt Corp.</i> , 2007 WL 496451	Exhibit 8

EXHIBIT 2

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*	
	*	
Plaintiff,	*	
	*	
	*	CIVIL ACTION NO.
vs.	*	
	*	2:07-cv-00875-WKW
L. V. STABLER HOSPITAL and	*	
COMMUNITY HEALTH SYSTEM	*	
PROFESSIONAL SERVICES	*	
CORPORATION,	*	
	*	
Defendants.	*	

STATE OF ALABAMA	*
COUNTY OF BUTLER	*

AFFIDAVIT OF DEBBIE HEARTSILL

Before me, the undersigned authority in and for the above-stated county and State, personally appeared Debbie Heartsill, who, on being made known to me and being duly sworn, deposes and says as follows:

1. My name is Debbie Heartsill. I am an adult citizen and resident of Alabama. I have personal knowledge of the facts stated in this affidavit and am otherwise competent to make this affidavit.

2. I am employed by Greenville Hospital Corporation as its Business Office Director. In this capacity I supervise the Registration and Admission personnel of the hospital. I also am responsible for conducting time studies to determine appropriate staffing levels for the Registration and Admissions operations.

3. For much of the period during which Katie Thomas and Jessica Bennett worked in Registration and Admissions, the department was running 12-hour work shifts, 7:00 am to 7:00 pm and 7:00 pm to 7:00 am. During this time, I always scheduled two employees to work full 12-hour shifts and sometimes a third employee to work shorter shifts spanning what are usually peak admission times. Many nights, I also scheduled two employees to the night shift. I and the Registration Supervisor also worked the Registration and Admissions desk when workload demanded. In this manner, the employees would always be able to take authorized breaks because there would always be coverage of the admissions desk and telephone during a shift.

4. For night shifts for which I did not schedule two employees, I would override the automatic 30-minute deduction made by the Kronos payroll system. I would do this without any request or payroll correction form completed by the employee working alone. Attached are the payroll records of Katie Thomas and

Jessica Bennett for the period that worked in Registration and Admissions.

Deduction overrides are indicated by a "c" by the time entry for a particular shift.

5. Although hospital policy states that employees are allowed to take an uninterrupted meal break after six hours of work, I allowed Registration and Admission personnel to take meal breaks after four hours of work. Employees under my supervisor were also allowed two, 15-minute paid breaks although employees sometime took several shorter paid breaks during a shift instead of the two, 15-minute breaks I authorized.

6. Payroll records were reviewed each pay period by the Registration Supervisor. Employees could also review the payroll records if they requested.

Further te affiant says not.

Debbie Heartsill
Debbie Heartsill

Sworn and subscribed before me,
this the 27 day of March, 2008.

Sylvia Murphy
Notary Public
My commission expires: 8-7-08

EXHIBIT 3

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*	
	*	
Plaintiff,	*	
	*	CIVIL ACTION NO.
vs.	*	
	*	2:07-cv-00875-WKW
L. V. STABLER HOSPITAL and	*	
COMMUNITY HEALTH SYSTEM	*	
PROFESSIONAL SERVICES	*	
CORPORATION,	*	
	*	
Defendants.	*	

STATE OF ALABAMA	*
COUNTY OF BUTLER	*

AFFIDAVIT OF GINGER SALTER

Before me, the undersigned authority in and for the above-stated county and State, personally appeared Ginger Salter, who, on being made known to me and being duly sworn, deposes and says as follows:

1. My name is Ginger Salter. I am an adult citizen and resident of Alabama. I have personal knowledge of the facts stated in this affidavit and am otherwise competent to make this affidavit.

2. I am employed by Greenville Hospital Corporation as the Emergency Department Director. I am also a Registered Nurse licensed to practice in Alabama. In my capacity as Director of the Emergency Department, I supervised Donna Ohsann, Vicki Crase and Terri Carter as well as the other nurses working in the Emergency Department.

3. Regular shifts in the Emergency Department are typically 12-hours shifts. I generally schedule two nurses to work 7:00 am to 7:00 pm and two nurses scheduled to work 7:00 pm to 7:00 am. For weekend nursing shifts, I posted the opportunity for an extra nurse to work from 11:00 am through 11:00 pm or a shorter period if the nurse who volunteered to work the shift preferred. I typically work from 8:00 am to 5:00 pm and provide coverage for nurses in the Emergency Department when patient needs require or to allow the nurses on duty to take breaks and take care of personal business. We also employ an Emergency Department Technician who works 3:00 pm to 11:00 pm. Monday through Friday. The Technician assists in moving patients, beds and other equipment and some other duties in the Emergency Department as allowed. His assistance allows the nurses to focus on providing nursing patient care and other duties allowed by law and frees them from having to perform duties that be performed by employees who are not Registered Nurses.

4. Hospital policy provides that Emergency Department personnel are to take unpaid, uninterrupted breaks of thirty minutes in order for eat. Emergency Department personnel also are allowed to take two, 15-minute paid breaks during a shift. Employees may spread these breaks out into shorter breaks but from my observations, everyone takes this paid time off during each shift to eat or attend to personal business. It is an extremely rare instance when paid breaks are not taken.

5. The hospital's payroll system automatically deducts the unpaid break after an employee works fours hours. If Emergency Room personnel are unable to take an uninterrupted 30-minute break, they are supposed to complete and submit a Payroll Correction Form indicating the date the break period was missed. This form is also used to report missed time clock punches, paid leave use, and job assignment pay differentials such as charge nurse. I review these forms and authorize the employee to be paid the 30-minutes deducted by the payroll system. It was rare when day shift nurses were to able to take full unpaid and paid breaks I have never instructed en employee not to complete Payroll Correction Forms or threatened an employee with disciplinary action if I he or she did.

8. I never instructed Emergency Department employees that they had to eat in the Emergency Department. There is a break room attached to the Emergency Department in which the nurses have their personal lockers. It has a

small table, a counter and a coffee maker. It opens only into the Emergency Department and is located approximately twenty feet from the nurses station. Emergency Department employees are supposed to eat in the break room or the cafeteria. They can also leave te hospital if they wish. the Quality Resource Management and Regulatory Compliance Manager has repeatedly advised the Emergency Room staff that they are not to eat at the nurses' station. The employees do anyway because they prefer to eat with the employees they regularly work with instead of by themselves in the break room or with other hospital employees in the cafeteria.

9. I have never asked or instructed an Emergency Department employee to work off the clock. I review payroll records for the department and from my observations employees are paid based upon time clock punches, not shift schedules. An employee is free to review these payroll records on request although few ever request to do so.

10. During the years I supervised Donna Ohsann, Vicki Crase and Terri Carter, I never heard any of them complain that hey had worked overtime and not been paid.

Further the affiant says not.

Ginger Salter
Ginger Salter

Sworn and subscribed before me,
this the 28 day of March, 208.

Sylvia Murphy
Notary Public
My commission expires: 8-7-08

EXHIBIT 4

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*	
	*	
Plaintiff,	*	
	*	
	*	CIVIL ACTION NO.
vs.	*	
	*	2:07-cv-00875-WKW
L. V. STABLER HOSPITAL and COMMUNITY HEALTH SYSTEM PROFESSIONAL SERVICES CORPORATION,	*	
	*	
	*	
Defendants.	*	

STATE OF ALABAMA	*
COUNTY OF BUTLER	*

AFFIDAVIT OF MONICA STRINGER

Before me, the undersigned authority in and for the above-stated county and State, personally appeared Monica Stringer, who, on being made known to me and being duly sworn, deposes and says as follows:

1. My name is Monica Stringer. I am an adult citizen and resident of Alabama. I have personal knowledge of the facts stated in this affidavit and am otherwise competent to make this affidavit.

2. I am employed by Greenville Hospital Corporation as a Registered Nurse in its Emergency Department. I have worked in the Emergency Department at the hospital since 2000 and was employed in this capacity at all times Donna Ohsann, Vicki Crase and Terri Carter worked in the Emergency Department.

3. Regular shifts in the Emergency Department are typically 12-hours shifts, with two nurses scheduled to work 7:00 am to 7:00 pm and two nurses scheduled to work 7:00 pm to 7:00 am. Since 2003, I typically worked alternating weeks of Friday, Saturday, and Sunday followed by a schedule of Thursday and Friday. Most days, Ginger Salter, the Emergency Department Director, would schedule a third nurse to work during day shifts and on weekends. I and other nurses could pick up extra work if over our regularly-scheduled shifts if we wanted. I would typically pick up shifts on Mondays if I chose to work. To my best recollection, whenever Vicki Crase was scheduled to work 11:00 am to 11:00 pm, she was the third nurse scheduled for that shift.

4. For shifts that a third nurse was not scheduled, if the Emergency Department received calls that patients were coming in or if an excessive number of patients were admitted to the Emergency Department, we were instructed to call Ginger Salter to ask for additional assistance. If the need arose during the day shift, Ginger would, who is a Registered Nurse, would provide the assistance. On

weekends, if no third nurse had picked up the extra shift and help was needed, we would call Ginger and she would arrange for someone to come in or she would come in herself.

5. During the day shift, even if patient care did not require additional nursing assistance, Ginger would provide coverage for the Emergency Department so we could eat meals or run personal errands outside the hospital.

6. Under hospital policy, we were allowed to take an unpaid uninterrupted 30-minute break and two paid 15-minute breaks. Some nurses like Donna Ohsann would take her paid break outside on her cell phone talking and text-messaging.

7. It was rare when day shift nurses were able to take full unpaid and paid breaks during a shift. If we were unable to take an uninterrupted 30-minute break, we could complete a Payroll Correction Form and get paid for the full thirty minutes whether we missed a full thirty minutes or not. These forms were also used to report duty differentials such as charge nurse, missed clock-ins and clock-outs and the use of paid leave time. I was never instructed not to complete Payroll Correction Forms or threatened with any disciplinary action if I did.

8. I typically ate my meals at the nurses' station. I was never told that I had to eat meals at the nurses' station in the Emergency Department and, in fact,

was instructed by the Quality Resource Management and Regulatory Compliance Manager that meals should not be eaten at the nurses' station. There was an employee lounge that opened only into the Emergency Department in which our lockers were located where we could eat if we wanted. We also could eat in the cafeteria although most of us rarely did.

9. I was never asked to work off the clock and never observed any other nurse in the Emergency Department doing so. The only "off the clock" performed I was if I forgot to clock in or out and failed to submit a Payroll Correction Form. If I clocked in earlier than my scheduled start time of 7:00 am or clocked out after my scheduled stop time of 7:00 pm, I was always paid for the time shown on the time punches. Whenever I worked over 40 hours in a week, I was always paid overtime for that time. I never heard Ginger or any other employee threaten an employee with disciplinary action for working overtime or reporting overtime work.

Further the affiant says not.

Monica Springer
Monica Springer
Sworn and subscribed before me,
this the 21 day of March, 208.

Sylvia Murphy
Notary Public
My commission expires: 8-7-08

EXHIBIT 5

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,

*

*

Plaintiff,

*

*

CIVIL ACTION NO.

vs.

*

*

2:07-cv-00875-WKW

**L. V. STABLER HOSPITAL and
COMMUNITY HEALTH SYSTEM
PROFESSIONAL SERVICES
CORPORATION,**

*

*

*

*

*

Defendants.

*

*

STATE OF ALABAMA *
COUNTY OF BUTLER *

DECLARATION OF CORINE BAXTER

1. My name is Corine Baxter. I am an adult citizen and resident of Alabama. I have personal knowledge of the facts made in this statement.
2. I am employed by Greenville Hospital Corporation as a Registered Nurse in its Emergency Department. I have worked in the Emergency Department at the hospital since 2003.

3. Since my transfer from the Critical Care Unit in 2003, I have worked the night shift, 7:00 pm to 7:00 am., in the Emergency Department. Whenever I work, another nurse is also assigned to this shift. I regularly work 6 days on, 8 days off, usually Thursday through Tuesday. On occasion I am asked to work coverage shifts. If I worked over 40 hours in one workweek, I always was paid overtime for the time over 40 hours.

4. I have never been told to work off the clock by anyone at the hospital. If I begin working earlier or quit working later than my scheduled shift hours, for example to complete paperwork, I clock in when I start and out when I stop and get paid for all time reflected by the punches. If I miss punch, I am able to complete a Payroll Correction Form on which I indicate my start time or ending time and get paid according to my report.

5. We are supposed to take an unpaid uninterrupted 30-minute break during our shifts. We also get two 15-minute paid breaks during our shifts. On night shift, we usually cannot get a 30-minute uninterrupted period before midnight. However, we usually have a lot of slack time between 1:00 am and 4:00 am and can take an uninterrupted break then. If I am unable to take a full 30-minute break during a shift, which is extremely rare, I can fill out a Payroll Correction form and get for the time deducted from my clock time. No one has

ever instructed me not to turn in Payroll Correction forms or threatened to discipline me if I did.

6. On night shift, because the cafeteria is closed, the Emergency Department Technician, who gets off at 11:00 pm, volunteers to go and bring us back a fast food meal after he clocks out. He does this about two to three times per week. We can also have food delivered to the Emergency Department during night shift.

I declare under penalty of perjury that the above statement are true and correct to the best of my knowledge.



Corine Baxter

EXHIBIT 6

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*	
	*	
	*	
Plaintiff,	*	
	*	
	*	
		CIVIL ACTION NO.
vs.	*	
	*	
	*	2:07-cv-00875-WKW
L. V. STABLER HOSPITAL and COMMUNITY HEALTH SYSTEM PROFESSIONAL SERVICES CORPORATION,	*	
	*	
	*	
	*	
	*	
Defendants.	*	

STATE OF ALABAMA	*
COUNTY OF BUTLER	*

AFFIDAVIT OF MATTHEW COLLEY

Before me, the undersigned authority in and for the above-stated county and State, personally appeared Matthew Colley, who, on being made known to me and being duly sworn, deposes and says as follows:

1. My name is Matthew Colley. I am an adult citizen and resident of Alabama and work in Greenville, Alabama. I have personal knowledge of the facts set forth in this affidavit and am otherwise competent to make this affidavit.

2. I am a licensed pharmacist in the State of Alabama. I contract with the Greenville Hospital Corporation serve as its pharmacist and to manage its pharmacy operations. In this capacity, I supervise the work of Pharmacy Technicians employed by Greenville Hospital Corporation in accordance with governing law and regulations. I do not establish the compensation or compensation policies of the Pharmacy Technicians I supervise but I do direct the scheduling of work days, the work to be performed during shifts, and breaks taken during shifts.

3. When Jessica Bennett worked as a prn Pharmacy Technician for L.V. Stabler, I managed the Pharmacy and supervised her work.

4. Under my management, the Pharmacy was to be locked unless I was in the hospital. If I left the hospital, the pharmacy was closed and locked. Pharmacy Technicians do not have access to the pharmacy in my absence. The only hospital employee with authorized access to the pharmacy in my absence is the House Supervisor, a licensed nurse and he or she can not supervise Pharmacy Technicians. Accordingly, Pharmacy Technicians are not scheduled to work when I am not working in the hospital pharmacy.

5. State law also requires a licensed pharmacist to control the dispensing of any controlled substance from the hospital pharmacy. No prescription

medication may be dispensed without a licensed pharmacist's prior approval, except in cases of emergency when the "House Supervisor may obtain a needed medication from the pharmacy. Pharmacy Technicians are not authorized by law to dispense medications without a licensed pharmacist's prior approval. For this reason, there can be no emergency in the hospital requiring a Pharmacy Technician to be called off break because the licensed pharmacist managing the pharmacy has to be present to approve the dispensing of the medication and the pharmacist can perform that task without assistance. The only exception is if the Pharmacy has to respond to a "code." For "codes," it is my protocol that I and the Pharmacy Technician on duty respond to the code to dispense any medications ordered by the responding physician. These instances are rare.

6. During the period in which Jessica Bennett worked as a prn Pharmacy Technician, L.V. Stabler employed two regular Pharmacy Technicians as well. The L.V. Stabler pharmacy was open from 7:00 am to 4:00 pm, Monday through Friday and from 7:00 am to 11:00 am Saturday and Sunday. I worked at all times the pharmacy was open or arranged coverage by another licensed pharmacist if I was on vacation or ill.

7. Monday through Friday, I scheduled the two regular Pharmacy Technicians to assist me when the pharmacy was open. I scheduled one Pharmacy

Technician to work from 7:00 am until 3:30 pm and the other to work from 7:30 am until 4:00 pm. Jessica Bennett filled in as needed. On weekends, I scheduled one Pharmacy Technician to work with me. I had the regular Pharmacy Technicians and the prn Pharmacy Technician rotate weekends.

8. Other than emergency code responses, the work in the pharmacy at L.V. Stabler was routine. Generally, prescriptions for admitted patients were submitted the day or night before they were needed. The nurses on the floors generally administered the prescribed medications to patients at 9:00 am each morning. The medications for each morning's "med passes" were pre-stocked at the nurse stations in a "Pyxis" device. A Pyxis device tracks the medications prescribed, dispensed from the pharmacy and loaded into and removed from the Pyxis and administered to patients. Software monitors the medications loaded in the Pyxis, the date loaded, the person loading the device, the amount of the each medication loaded, the person removing the medications from the Pyxis and the amount removed. The Pyxis software also has minimum and maximum stocking standards for each medication and alerts the pharmacy when the stock is too high or too low. This ensures that the medications can be tracked and that needed medications are readily available at the nurses' stations.

9. Proper stocking of the Pyxis devices was accomplished by me or the Pharmacy Technicians. Prescriptions were delivered to the pharmacy the day or night before the medications were to be administered to the patients by the nurses. The next morning I reviewed and approved the prescriptions and authorized the delivery of medications to the Pyxis devices. Either I or a Pharmacy Technician filled the prescription and delivered the medication to the appropriate nurses' station and loaded the Pyxis device. The loading of all Pyxis devices was completed before 8:30 am so the nurses could make their med pass at 9:00 am.

10. Because of the medication stock monitoring by the Pyxis machine, there was never an emergency or immediate need to re-stock a Pyxis device.

11. The pharmacy also filled prescriptions for intravenous medications. On the weekdays, the pharmacy filled prescriptions for intravenous medications between 1:00 and 1:30 pm. On weekends, intravenous prescriptions were filled between 10:30 am and 11:00 am. In the time between the stocking of Pyxis devices and the preparation of intravenous medications, the Pharmacy Technicians on duty were free to complete paperwork as needed. I also allowed the Pharmacy Technicians to take paid work breaks and unpaid lunch breaks after 8:30 am and before 1:00 pm.

12. Jessica Bennett was interested in emergency medicine and regularly would leave the pharmacy between Pyxis loading and IV preparation to go to the Emergency Department when patients were brought in. I allowed Jessica to do this so she could decide if she wanted to pursue a career in emergency medicine. However, her visits to the Emergency Department became too frequent and I cautioned her that it could be perceived that she was performing work in the Emergency Department without proper licensing. I also told her there were HIPAA concerns raised by her frequent presence in the Emergency Department.

13. In addition to managing the L.V. Stabler pharmacy, my business operated a remote order pharmacy business in the evenings and at night. I hired Jessica to enter computer orders from prescriptions faxed in by physicians when she was able. Jessica reviewed and placed computer orders during her work shifts in Registration and Admissions, presumably during her paid and unpaid breaks, using the hospital's internet connection to do so. Jessica's computer order work was not for the benefit of L.V. Stabler and my company paid Jessica for her services in placing computer orders apart from whatever compensation L.V. Stabler paid her for working in the Registration and Admissions department.

14. I have given this affidavit solely for the exclusive purpose of its use by L.V. Stabler and Community Health Systems Professional Services Corporation as a submission to the court in response to a lawsuit filed by Donna Ohsann.

Further the affiant says not.

Matthew Colley

Sworn and subscribed before me,
this the _____ day of March, 2008.

Notary Public
My commission expires: _____

EXHIBIT 7

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,	*
	*
	*
Plaintiff,	*
	*
	*
	CIVIL ACTION NO.
vs.	*
	*
	2:07-cv-00875-WKW
L. V. STABLER HOSPITAL and COMMUNITY HEALTH SYSTEM PROFESSIONAL SERVICES CORPORATION,	*
	*
	*
	*
	*
Defendants.	*

STATE OF ALABAMA	*
COUNTY OF BUTLER	*

DECLARATION OF DAVID B. WALSTON

1. My name is David B. Walston. I am an adult citizen and resident of Alabama. I have personal knowledge of the facts made in this statement.

2. I am retained as one of the counsel of record for defendants Greenville Hospital Corporation d/b/a ".V. Stabler Memorial Hospital" and Community Health System Professional Services Corporation.

3. After the filing of the above-styled cause, I have collected from my client, L.V. Stabler, payroll and personnel records relevant to the claims asserted in this cause and voluntary produced these documents to Mr. David R. Arendall, counsel for Donna Ohsann and the putative collective class plaintiffs. Due to the voluminous nature of these documents, I have not attached them to this declaration. However, these documents include, but are not limited to:

Payroll records of Donna Ohsann

Payroll records of Jessica Bennett

Payroll records of Katie Thomas

Payroll records of Vicki Crase

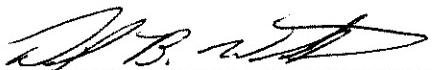
Payroll Correction Forms for Emergency Department

Acknowledgments for Missed Meal And/Or Shortened Meal Period training

L.V. Stabler Employee Handbook

4. In addition to documents produced, I have provided detailed descriptions of the operations of the departments in which Ms. Ohsann and the putative collective class plaintiffs identified by Mr. Arendall worked and the unique work conditions of each department.

I declare under penalty of perjury that the above statement are true and
correct to the best of my knowledge.



David B. Walston

EXHIBIT 8

Westlaw.

Slip Copy

Page 1

Slip Copy, 2007 WL 496451 (M.D.Ga.)

(Cite as: Slip Copy)

CLedbetter v. Pruitt Corp.

M.D.Ga.,2007.

Only the Westlaw citation is currently available.

United States District Court,M.D. Georgia,Macon
Division.

Brenda LEDBETTER, Plaintiff,

v.

PRUITT CORPORATION, a Delaware Corporation,
Defendant.

Civil Action No. 5:05-CV-329 (CAR).

Defendant's Motion to Strike Untimely Affidavits and Consent to Sue Notices [Doc 46], and Defendant's Motion for Leave to File Answer to Plaintiff's First Amended Complaint Out of Time [Doc 48]. For the reasons discussed below, Plaintiff's Motion for Certification under 29 U.S.C. § 216(b) [Doc 27] is **DENIED**.Therefore, Defendant's Motion to Strike Untimely Affidavits and Consent to Sue Notices [Doc 46] and Defendant's Motion for Leave to File Answer to Plaintiff's First Amended Complaint Out of Time [Doc. 48] are **DENIED AS MOOT**.^{FN1}

Feb. 12, 2007.

James W. Allen, Augusta, GA, William Greg Dobson, Macon, GA, for Plaintiff.

Elizabeth K. Dorminey, James Larry Stine, Atlanta, GA, for Defendant.

ORDER ON PLAINTIFF'S MOTION FOR CERTIFICATION UNDER 29 U.S.C. § 216(B)

C. ASHLEY ROYAL, Judge.

*¹ Plaintiff Brenda Ledbetter ("Ledbetter") filed a complaint in this Court on behalf of herself and other employees similarly situated asserting violations of the Fair Labor Standards Act ("FLSA"), 29 U.S.C. § 201*et seq.*, and seeking unpaid minimum wages and overtime compensation. Ledbetter asks this Court to conditionally certify this case as a collective action under § 216(b) of the FLSA and to authorize statewide notice to all employees employed by Defendant in the last three years to inform them of their right to opt-in to the suit. Since the filing of the Complaint, five potential plaintiffs have filed consents to become party plaintiffs ("opt-in plaintiffs"). Currently pending before the Court are Plaintiff's Motion for Certification under 29 U.S.C. § 216(b) [Doc 27],

^{FN1}. Defendant's Motion for Leave to File Answer to Plaintiff's First Amended Complaint Out of Time is premised upon Defendant Pruitt Corporation's denial that it is Ledbetter's employer. The Court denies this motion as moot because Pruitt states it will not challenge employer status if the litigation is limited to the Peake facility. (*See* Def.'s Reply Br., 3 ("Pruitt *has not and is not now* ... asking the Court to dismiss Pruitt as an improper party in so far as the case is limited to employees of Peake.")). Because the Court denies Ledbetter's Motion for Certification, this action involves only the Peake facility, and therefore, for purposes of this litigation, there is no issue regarding whether Pruitt is Ledbetter's employer.

BACKGROUND

Defendant Pruitt Corporation ("Pruitt") contracts with certain professional healthcare facilities throughout the State of Georgia, such as nursing home facilities, home health agencies, and personal care centers, to provide various healthcare-related services to patients in those facilities. Ledbetter and each of the opt-in plaintiffs were

Slip Copy
 Slip Copy, 2007 WL 496451 (M.D.Ga.)
 (Cite as: Slip Copy)

Page 2

hourly wage employees employed at two facilities that contract with Pruitt: Peake Healthcare ("Peake") nursing home in Macon, Georgia, and Hilltop Nursing Home ("Hilltop") in Forsyth, Georgia. Ledbetter and four of the opt-in plaintiffs worked at Peake, while the fifth opt-in plaintiff worked at Hilltop. All were employed in various administrative and patient-care positions.

Ledbetter claims Pruitt engaged in a company-wide practice of failing to pay its employees proper minimum wages and overtime compensation under the FLSA. Ledbetter contends Pruitt had a policy, applied throughout the State of Georgia, to automatically deduct a thirty minute meal period, regardless of whether the employee took a meal period, when employees were not completely relieved of their job duties, in violation of the FLSA, 29 U.S.C. § 206, 29 C.F.R. § 785.19, and 29 C.F.R. Part 516. Such practice, Ledbetter argues, resulted in the denial of pay for some hours worked, both before and after overtime compensation was required. Ledbetter seeks to conditionally certify this case as a collective action and to authorize statewide notice to Pruitt's employees under § 216(b) of the FLSA.

STANDARD FOR CERTIFICATION OF COLLECTIVE ACTION

Section 216(b) of the FLSA governs the certification of collective actions. Section 216(b) permits an employee to bring an action against her employer for violations of the FLSA on behalf of herself and "other employees similarly situated." 29 U.S.C. § 216(b). Section 216(b) also contains a party provision that requires all similarly situated employees to consent in writing before becoming party-plaintiffs. *Id.*

*2 In deciding whether to authorize certification and notification of opt-in rights to potential members of the plaintiff class, the Eleventh Circuit recommends that

district courts adopt a two-tiered approach in order to better manage these complex cases. Hipp v. Liberty Nat'l Life Ins. Co., 252 F.3d 1208, 1217 (11th Cir.2001). The Eleventh Circuit outlines the two-tiered approach as follows:

At the notice stage the district court makes a decision-usually based only on the pleadings and any affidavits which have been submitted-whether notice of the action should be given to potential class members. Because the court has minimal evidence, this determination is made using a fairly lenient standard, and typically results in 'conditional certification' of a representative class. If the district court 'conditionally certifies' the class, putative class members are given notice and the opportunity to 'opt-in.' The action proceeds as a representative action throughout discovery.

The second determination is typically precipitated by a motion for 'decertification' by the defendant usually filed after discovery is largely complete and the matter is ready for trial. At this stage, the court has much more information on which to base its decision, and makes a factual determination on the similarly situated question. If the claimants are similarly situated, the district court allows the representative action to proceed to trial. If the claimants are not similarly situated, the district court decertifies the class, and the party plaintiffs are dismissed without prejudice. The class representatives-i.e. the original plaintiffs-proceed to trial on their individual claims.

Id. (quoting Mooney v. Aramco Servs. Co., 54 F.3d 1207, 1213-14 (5th Cir.1995)).

The district courts in this circuit have generally utilized the *Hipp* two-tiered approach. See e.g., Cameron-Grant v. Maxim Healthcare Servs. Inc., 347 F.3d 1240, 1242 n. 2 (11th Cir.2003) ("Since *Hipp*, the district courts in our circuit have utilized the two-tiered approach."). However, "[n]othing in [the 11th] circuit precedent ... requires district courts to utilize this approach. The decision to create an opt-in class under § 216(b), like the decision on

Slip Copy
 Slip Copy, 2007 WL 496451 (M.D.Ga.)
 (Cite as: Slip Copy)

Page 3

class certification under Rule 23, remains soundly within the discretion of the district court.” Hipp, 252 F.3d at 1219 (citations omitted).

In her motion for certification, Ledbetter moves this Court for a conditional certification pursuant to the first stage under *Hipp*’s “fairly lenient standard.” This case, however, is in a different procedural posture than that envisioned by *Hipp*, and therefore a more searching standard of review is appropriate. Ledbetter filed her motion for certification two weeks after the discovery period in this case had expired. “The rationale for the ‘fairly lenient standard’ is that at the early stages of litigation, plaintiffs have not had time to conduct discovery and marshal the best evidence.” Davis v. Charoen Pokphand (USA), Inc., 303 F.Supp.2d 1272, 1276 (M.D.Ala.2004) (citing Hipp, 252 F.3d at 1218). This rationale disappears, however, once a plaintiff has had an opportunity to conduct discovery with respect to a defendant’s policies and procedures. *Id.* (citations omitted). Here, the parties have completed discovery. The Court, therefore, finds it inappropriate to conditionally certify this case pursuant to the first stage of *Hipp*. Instead, the Court will make a determinative decision as to whether this case is appropriate for a collective action using the more rigorous standard akin to that called for by *Hipp* in the second stage, when discovery is complete and the matter is ready for trial. After careful consideration, the Court concludes that this is not an appropriate case for a collective action.

different working conditions. Furthermore, Ledbetter has filed affidavits in support of her motion for certification from employees employed at only two of Pruitt’s facilities: Peake and Hilltop. Ledbetter has not pointed to any employees employed at any other facility who claim to be subjected to employment practices that violate the FLSA. The only evidence of such is Ledbetter’s statement in her affidavit that Pruitt’s policies applied to other employees throughout the state. This allegation is wholly conclusory and without support.

The Court notes that it could permit notification to and certification of a smaller class consisting only of employees at Peake and Hilltop. However, the Court declines to do so because, as explained more fully below, Ledbetter has not met the “similarly situated” requirement in order for such a collective action to proceed. In order to authorize the class notice necessary for a collective action to proceed, the Court “should satisfy itself that there are other employees of the defendant-employer who desire to (1) ‘opt-in’ and (2) are ‘similarly situated’ with respect to their job requirements and with regard to their pay provisions.” Dybach v. Fla. Dep’t of Corr., 942 F.2d 1562, 1567-68 (11th Cir.1991). The Court finds that Ledbetter has met the “opt-in” requirement. Five potential opt-in plaintiffs have filed consents to join the suit, and the Court accepts that there are employees of Pruitt who claim to have suffered wage and hour violations who would join the suit if they had notice of the suit.

DISCUSSION

*3 Ledbetter seeks to represent a class comprised of all current and former employees employed by Pruitt in all of its facilities throughout the State of Georgia employed on or after March 1, 2003. The Court will not allow Ledbetter to represent such a statewide class of Pruitt employees. Such a class contains individual employees who have different job responsibilities, who work in different facilities, in different locations, and, most likely, in

The real issue for this Court to decide is whether Ledbetter and the potential collective action members from Peake and Hilltop are “similarly situated” within the meaning of FLSA. The meaning of “similarly situated” is not defined in the FLSA, and the Eleventh Circuit has given courts only general guidance stating that the similarly situated requirement is “more elastic and less stringent than the requirements found in Rule 20 (joinder) and Rule 42 (severance).” *Id.* at 1095. Although the Court has little guidance as to the exact meaning of “similarly situated,” it is clear that Ledbetter bears the burden of establishing

Slip Copy
 Slip Copy, 2007 WL 496451 (M.D.Ga.)
 (Cite as: Slip Copy)

Page 4

that she and the group she wishes to represent are "similarly situated." See *Grayson v. K Mart Corp.*, 79 F.3d 1086, 1096 (11th Cir.1996). Ledbetter does not identify with particularity the theory upon which she attempts to prove she is "similarly situated" to the other employees in the Peake and Hilltop facilities. One way in which Ledbetter may prove she and the other employees are "similarly situated" is by providing sufficient evidence showing Pruitt engaged in a policy or pattern of FLSA violations. See, e.g., *Hill v. Muscogee County Sch. Dist.*, 2005 WL 3526669, *2 (M.D.Ga.2005) ("to show that they are similarly situated, plaintiffs may present allegations and evidence to show that defendant engaged in a unified policy, plan, or scheme of FLSA violations") (citing *Grayson*, 79 F.3d at 1096); *Marsh v. Butler County Sch. Sys.*, 242 F.Supp.2d 1086, 1094 (M.D.Ala.2003); *Harper v. Lovett's Buffet*, 185 F.R.D. 358, 364 (M.D.Ala.1999). After review of Ledbetter's arguments, the Court cannot imagine any other way in which Ledbetter could prove the "similarly situated" requirement other than to establish that Pruitt engaged in a policy or pattern of FLSA violations. Therefore, the Court analyzes whether Ledbetter meets the "similarly situated" requirement under this policy or pattern scheme.

*4 In essence, Ledbetter contends that Pruitt's company-wide policy and practice of automatically deducting meal periods from employees' pay during periods in which the employees were not relieved of duty resulted in a pattern of FLSA violations—the denial of pay for some hours worked. In order to sufficiently provide evidence of a pattern or practice of FLSA violations, Ledbetter must make "*substantial and detailed allegations* of FLSA violations and *provide evidence to support* that [the plaintiffs], like other members of the putative opt-in plaintiff class, were the victims of [defendant's] employment practices which resulted in [FLSA] violations." *Harper*, 185 F.R.D. at 365 (citing *Grayson*, 79 F.3d at 1097) (emphasis added); see also *Marsh*, 242 F.Supp.2d at 1095.

Ledbetter fails to provide sufficiently detailed evidence establishing that Pruitt's policy of automatic meal deductions resulted in a pattern or practice of FLSA violations. Ledbetter only points generally to the deposition testimonies of Norma Cook and Renee Jiles, and to the affidavits of Ledbetter and the five opt-in plaintiffs, which provide the Court with no specific allegations or evidence of FLSA violations as a result of Pruitt's policy to automatically deduct meal periods. Norma Cook, the personnel manager at Peake, and Renee Jiles, the administrator of Peake, simply state that Peake had a policy of automatically deducting thirty minutes for meal periods after five hours of work and that the policy predated their employment. Likewise, Ledbetter and the opt-in plaintiffs' affidavits simply state, almost identically, that Pruitt had a practice of taking deductions from hourly pay for meal periods, even though the employees did not always take breaks. This evidence essentially boils down to what Pruitt admits: Pruitt has a policy of automatically deducting thirty minutes from employees' hourly pay for meal periods.

A policy of automatic meal deductions does not *per se* violate the FLSA. See *Enright v. CGH Med. Ctr.*, 1999 WL 24683, *6 (N.D.Ill.1999). In fact, the Department of Labor excludes meal periods from compensable work time. 29 C.F.R. § 785.19 ("Bona fide meal periods are not worktime.... The employee must be completely relieved from duty for the purposes of eating regular meals.... The employee is not relieved if he is required to perform any duties, whether active or inactive, while eating.").

The Court is unpersuaded by Ledbetter's argument that Pruitt's policy and practice of automatic deductions is a *per se* violation of the FLSA because Pruitt does not ensure that each employee takes the full meal period each shift. Ledbetter's reliance on *Donovan v. Grantham*, 690 F.2d 453 (5th Cir.1982) and *Brennan v. Elmer's Disposal Service, Inc.*, 510 F.2d 84, 88 (9th Cir.1975) in support of this contention is misplaced. These cases do not hold nor even suggest that employers have an affirmative obligation

Slip Copy
 Slip Copy, 2007 WL 496451 (M.D.Ga.)
 (Cite as: Slip Copy)

Page 5

to ensure that their employees take the full meal period before deducting it from the employees' hours. These cases simply state the well-established rule that "an employee cannot be docked for lunch breaks during which he is required to continue with any duties related to his work." *Brennan*, 510 F.2d at 88; see also, *Donovan*, 690 F.2d at 457, 29 C.F.R. § 785.19.

*5 The Court is also unpersuaded by Ledbetter's argument that the similarly situated requirement is met because the implementation of the automatic meal deduction policy to each employee resulted in a pattern of FLSA violations. Ledbetter simply states that Pruitt automatically deducted meal periods even though employees were not completely relieved of their job duties. She provides no other details establishing the particular circumstances surrounding the allegations that Pruitt automatically deducted meal periods while the employees were working. For instance, she does not identify when the meal periods were taken or what job duties the employees were performing at the time the meal periods were deducted. Simply claiming a violation of the FLSA will not suffice to meet the "similarly situated requirement." Although deducting time for meal periods when employees are still performing their job duties is a violation of the FLSA (see 29 C.F.R. § 785.19), "the mere fact that violations occurred cannot be enough to establish similarity, as that would not ultimately be sufficient to establish a pattern and practice without a showing that the violations were more than sporadic occurrences." *Barron v. Henry County Sch. Sys.*, 242 F.Supp.2d 1096, 1104 (M.D.Ala.2003). To conclude otherwise, that is, to conclude that an employee may establish the "similarly situated" requirement simply by claiming violations of the law by the same employer, would be to conclude that any time employees alleged unpaid overtime due from the same employer, such employees would be "similarly situated" and be allowed to proceed with a collective action. See *Barron v. Henry County Sch. Sys.*, 242 F.Supp.2d 1096, 1104 (M.D.Ala.2003). Such a result is counter to the requirement that plaintiffs make "substantial and detailed allegations of FLSA violations and provide evidence to support" that the plaintiff and the potential

collective action members are "similarly situated." *Harper*, 185 F.R.D. at 365 (citing *Grayson*, 79 F.3d at 1097).

In addition, this case is inappropriate for a collective action because each claim will need to be established with an individualized analysis of the specific minimum wage and overtime compensation violations that may have occurred against the individual employee. Such an individualized analysis runs directly counter to "the economy of scale" envisioned by collective treatment of similarly situated employees under § 216(b) of the FLSA. See *Horne v. United Servs. Auto Ass'n*, 279 F.Supp.2d 1231, 1237 (M.D.Ala.2003) (discussing § 216(b)'s competing considerations of "economy of scale" and avoiding the "stirring up of litigation" through unwarranted solicitation).

For the foregoing reasons, this Court will not authorize the class notice necessary for a collective action to proceed under the FLSA. Plaintiff's Motion for Certification [Doc 27] is DENIED, and Defendant's Motion to Strike Untimely Affidavits and Consent to Sue Notices [Doc 46] and Defendant's Motion for Leave to File Answer to Plaintiff's First Amended Complaint Out of Time [Doc 48] are DENIED AS MOOT.

M.D.Ga.,2007.
Ledbetter v. Pruitt Corp.
 Slip Copy, 2007 WL 496451 (M.D.Ga.)

END OF DOCUMENT

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this Submission was served on the following in accordance with the electronic filing procedures established the United States District Court for the Middle District of Alabama, on this March 28, 2008:

David R. Arendall, Esq.
Allen D. Arnold, Esq.
Arendall & Associates
2018 Morris Avenue
Birmingham, AL 35203

/s/ David B. Walston
Of Counsel

EXHIBIT 1

**IN THE UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,

*

*

Plaintiff,

*

*

CIVIL ACTION NO.

vs.

*

2:07-cv-00875-WKW

**L. V. STABLER HOSPITAL and
COMMUNITY HEALTH SYSTEM
PROFESSIONAL SERVICES
CORPORATION,**

*

*

*

*

*

Defendants.

*

STATE OF ALABAMA

*

COUNTY OF BUTLER

*

AFFIDAVIT OF CAROL HAROLD

Before me, the undersigned authority in and for the above-stated county and State, personally appeared Carol Harold, who, on being made known to me and being duly sworn, deposes and says as follows:

1. My name is Carol Harold. I am an adult citizen and resident of Alabama. I have personal knowledge of the facts stated in this affidavit and am otherwise competent to make this affidavit.

2. I am employed by Greenville Hospital Corporation as its Controller .

In this capacity I have knowledge regarding the payroll systems and practices of L.V. Stabler Memorial Hospital.

4. Between October 2004 and October 2007, L. V. Stabler established and implemented "Policy D.13, Break/Meal Periods" which states:

1.0 PURPOSE

To establish a policy relating to breaks and meal periods in accordance with state and federal laws.

2.0 DEFINITION

Workday The normal workday for most employees will be eight hours, excluding an unpaid meal period. For some employee classifications, the workday may vary (i.e., 10-, 12- or 24-hours) depending on the work assignment.

3.0 POLICY

All break and meal periods must be in strict compliance with applicable and state and federal laws.

4.0 BREAKS/REST PERIODS

Non-exempt employees may arrange with their supervisor for break(s) or rest period(s) during the workday. Such breaks count as work time, shall be approved in advance with the supervisor, and must not result in an interruption of necessary services. Breaks may not be accumulated or taken at the beginning or end of a shift.

5.0 MEAL PERIODS

Employees who work six or more continuous hours are eligible to receive an unpaid meal period of 30 minutes. The meal period will be unpaid only when the employee is completely off duty. Employees who remain on duty at their workstations during their 30-minute meal period must be paid for the time worked. Meal periods should not be scheduled at the start or end of a shift unless approved in advance by the supervisor. Time worked in lieu of meal periods will be considered for overtime purposes.

5.1 EMPLOYEE'S RESPONSIBILITIES

- Employees must clock out for meal periods of more than 30 minutes.
- Employees must clock out for any meal period taken off-site, regardless of duration.
- Employees should complete a Time Card Exception (Form 44) when they miss or encounter a shortened meal period (less than 30 minutes) due to work issues.
- Employees will be required to review and approve a Kronos and/or other payroll detail report that illustrates each meal period deduction and each missed meal period.

A true and correct copy of this policy is attached as Exhibit A.

3. Hourly employees clock in and clock out by scanning employee identification badges into a reader. These readers are located at the back door of the hospital building and in the hallway down the hall from the front door of the hospital through which some employees enter.

4. If an employee fails to scan in or out for some reason, he or she may complete a Payroll Correction Form, a true and correct copy of which is attached

as Exhibit B, indicating the time he or she began work or ceased work. Employees also use this form to report missed time clock punches and duty assignment pay differentials such a Charge Nurse duty, and the use of paid leave time.

5. L. V. Stabler's payroll software, Kronos, automatically deducts thirty minutes from the time reported from the scanning system to account for the unpaid meal breaks employee are supposed to take. Although Policy D.13 states that "Form 44" should be utilized for reporting missed or shortened meal periods, in practice employees used a Payroll Correction Form to report missed or shortened breaks. Employees who submit these forms are paid thirty minutes of time and credited with thirty minutes of actual time worked for overtime purposes for the missed or shortened meal break.

6. At the end of each workweek, the employee's direct supervisor or department manager reviews the Payroll Correction Forms each submitted and initials or signs the form to indicate approval of the corrections requested by employees.

7. An employee's compensation is be calculated using the scanned times and the information from any approved Payroll Correction Form.

Further the affiant says not.

Carol Harold

Sworn and subscribed before me,
this the _____ day of March, 2008.

Notary Public

My commission expires: _____

EXHIBIT I.A.

Policy D.13
Break/Meal Periods

1.0 PURPOSE

To establish a policy relating to breaks and meal periods in accordance with state and federal laws.

2.0 DEFINITION

Workday The normal workday for most employees will be eight hours, excluding an unpaid meal period. For some employee classifications, the workday may vary (i.e., 10-, 12- or 24-hours) depending on the work assignment.

3.0 POLICY

All break and meal periods must be in strict compliance with applicable state and federal laws.

4.0 BREAKS/REST PERIODS

Non-exempt employees may arrange with their supervisor for a break(s) or rest period(s) during the workday. Such breaks count as work time, shall be approved in advance with the supervisor, and must not result in an interruption of necessary services. Breaks may not be accumulated or taken at the beginning or end of a shift.

5.0 MEAL PERIODS

Employees who work six or more continuous hours are eligible to receive an unpaid meal period of 30 minutes. The meal period will be unpaid only when the employee is completely off duty. Employees who remain on duty at their workstations during their 30-minute meal period must be paid for the time worked. Meal periods should not be scheduled at the start or end of a shift unless approved in advance by the supervisor. Time worked in lieu of meal periods will be considered for overtime purposes.

5.1 EMPLOYEE'S RESPONSIBILITIES

- Employees must clock out for meal periods of more than 30 minutes.
- Employees must clock out for any meal period taken off-site, regardless of duration.
- Employees should complete a Time Card Exception (Form 44) when they miss or encounter a shortened meal period (less than 30 minutes) due to work issues.
- Employees will be required to review and approve a Kronos and/or other payroll detail report that illustrates each meal period deduction and each missed meal period.

5.2 SUPERVISOR'S RESPONSIBILITIES

- The supervisor/department head will forward the departmental meal period report to the payroll department on a weekly basis.
- The supervisor will ensure that each employee reviews and approves the Kronos or other payroll report for accuracy.
- During departmental orientation, the supervisor will provide all employees with the location and department specific process, if any, related to the meal period log.

Page 1 of 2
Effective 06/01/04 (rev./corrected)
Approval _____

EXHIBIT I.B.

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: pharmacy

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department	Number of Hours
12/31	882	Jessica Bennett	341	8 ✓
12/27	882		341	6.8 ✓
12/28	882		341	8.3 ✓
12/29	882		341	7.5 ✓
12/30	882		341	7.2 ✓
On-Call Hours	882		341	8.1
Date	Employee #	Employee Name	From	To
1/1	882	Jessica Bennett	341	7 ✓

No Meal Break

Date	Employee #	Employee Name

345

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____



L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: Pharmacy

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
1-3-04	882	Jessica Bennett ✓	1000	1600
1-11-04		A. Money ✓		
1-3-04	882	JESSICA BENNETT ✓	1600	1800
12/29	848	Tonya Huggins ✓	0745	1600

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
1/2/04	848	Tonya Huggins ✓	Vac	.9
1/04		A. Money ✓	Vac	.8

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving

Debbie Blantsis

Transferring

12/26 - Tonya Huggins = time + a half for holiday
 112 - 11 = 11 11 11 11

L. V. Stabler Memorial Hospital

Departmental Payroll Correction Form

Department Name: Pharmacy

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vac/Sick/Holiday)	

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours
			From	
1/9/06	882	Jessica Bennett	admitting	✓ 3
1/12/06	882	J. Bennett	admitting	✓ 8
1-20-06	882	"	admitting	✓ 1
1-19-06		"	admitting	✓ 12
1-19-06		"	admitting	✓ 4

Communication

On Call Hours ~~1/14/06 - 1/15/06~~ 1/14/06

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
1-21-06	882	J. Bennett ✓
1-15-06	882	J. Bennett ✓

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving

Transferring

*Mark H**Michelle McClure*

**ACKNOWLEDGMENT
FOR MISSED AND/OR SHORTENED
MEAL PERIOD REPORTING**

By signing this acknowledgment, I certify that I received training during new hire and/or department orientation and fully understand the reporting process associated with missed and/or shortened meal periods.

I further understand that it will be my initial responsibility to report any missed and/or shortened meal periods (of less than 30 minutes) to my supervisor/department head.

I also understand that I will be given the opportunity to review and approve payroll detail reports for any missed and/or shortened meal period exceptions, which will be illustrated as time worked and considered for overtime purposes.



Employee's Signature

10-5-05

Date



Human Resources Representative

10/5/05

Date

Or

Supervisor's Signature

Date

**ACKNOWLEDGMENT
FOR MISSED AND/OR SHORTENED
MEAL PERIOD REPORTING**

By signing this acknowledgment, I certify that I received training during new hire and/or department orientation and fully understand the reporting process associated with missed and/or shortened meal periods.

I further understand that it will be my initial responsibility to report any missed and/or shortened meal periods (of less than 30 minutes) to my supervisor/department head.

I also understand that I will be given the opportunity to review and approve payroll detail reports for any missed and/or shortened meal period exceptions, which will be illustrated as time worked and considered for overtime purposes.

Barbara Almquist

Employee's Signature

11/17/2016

Date _____

Mae Pittman

Human Resources Representative

11/7/06

Date _____

Or

Supervisor's Signature

Date

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

1/8/05

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
1/2		Cole Robertson	1000	1015
1/9		Cole Robertson	1010	1910

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
1/15		Donna Johnson	1/2 off	1A-TP
1/21		Margie Hartung	1/2 off	7A-7A (12 hrs)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
1/9		Cole Robertson
1/9		Off by 10 min
1/9		

ER

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
 Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
1/2		Cole Robertson	1000	
1/9		Cole Robertson	1010	1015
			910	

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
1/15		Donna Olsanay	charge	7A-7P
01-09		Margie Wilhite	charge	7P-7A (12 hrs.)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
1/9		Cole Robertson
1/9		Chase
1/9		7A-7P

ER

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L.V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
1/15		Wile Robertson	1200	0700

Benefit Hours

Date	Employee #	Employee Name	Benefit Vac/Sick/Holiday	Number of Hours
1/14/05		Dawn Ohnsann	Charge Nurse	9 (10p-7A)
1/15/05		Freddie McGinnish	charge	120 (7A-7P)
1/15/05		Char Cacelibration	charge	9 (10p-7A)
01/16/05		Leoma Umstoty	charge	7P-7A-(120)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name	Worked 10p-7A

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
1/14/05	431-25-9857	M. Gibson
1/12/05	" "	M. Gibson
1/16/05		F. M. Gandy Jr.
1/14/05		M. Springer, LPN

*For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital

Departmental Payroll Correction Form

Pay Period Ending

3/5/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
3/23/05		J.Carter RN	charge	7 (7A-2P)
		J.D.Ohsann RD	charge	5 (2P-7P)
2/23/05		R.Whately RD	charge	12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
3/23/05		J.Carter RN

*For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
2/24/05		Donna Suzanne	1400	1420
2/24/05		Donna Suzanne		

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vac/Sick/Holiday)	
2/24/05		Dohmann RN	charge	5 (2P-7P)
		T Carter RN	charge	12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

(10 2 pm)

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 4/2/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vac/Sick/Holiday)	
3/2/05		D. Charno R.N.	charge	12° 7A-7P
3/2/05		C. Barker R.N.	charge	12° 7P-7A

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
3/2/05		J. Carter R.N.

*For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

Reported Return
OK
30mins
30mins
 $1 \times 20.16 = 20.16$

L.V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 4/16/05

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
4/16/05	T Carter RD	D Johnson RD	0545	0730S
4/16/05		D Ohnsann		720P

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vac/Sick/Holiday)	
4/16/05		D Ohnsann RD	change	12
"		T Carter RD	"	"
4/17/05		D Ohnsann RD	"	"
"		R Whistler RD	"	"

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
4/16/05		D Johnson RD
		M Stringer LPN
		T Carter RD
		A Barron LPN

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____ Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Stat/Holiday)	Number of Hours
5/16/05		D.Ohsann RN	charge	12 (7A-7P)
5/16/05		C.Baxter RN	charge	12 (7P-7A)
5/14		D.Ohsann RN	charge	7A-7P
5/15		D.Ohsann RN	charge	7A-7P

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

Meal Break

Date	Employee #	Employee Name	
5/16/05		T.Carter RN	(only worked 3-7P)
		D.Ohsann RN	only worked 3-7 cancelled on 3/17
		D.Ohsann RN	only worked 2-7 paid .5 ea

*Transfer Hours, both the transferring and receiving department manager (or their designee(s)) must sign the form to shorten the shift hours. Note that the department receiving the transferred employee will incur any overtime suitable to that employee for that pay period (no exceptions).

Expt wa

Living _____ Transferring _____

Departmental Payroll Correction Form

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
3/28/08		Dohsann RN	Change	12 (7A-7P)
3/28/08		T.Carter RN		(7P-7A)
3/29/08		Dohsann RN		(7A-7P)
3/29/08		T.Carter RN		(7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours
3/28/08		Chris Davidson LPN	ER	11:30 p-
3/28/08		T.Turner RN	ER	7P-12:30 A (5 1/2 hrs)

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
3/28/08		Carter RN
3/27/08		D.Ward RN
3/27/08		Carter RN

Worked 3P-7P only

For Transfer Hours, both the transferring and receiving department manager(s) must sign the form
 to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime
 attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L.V. Stabler Memorial Hospital

Departmental Payroll Correction Form

Department Name: ER

Pay Period Ending _____

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
5/23/05		Leslie Smith	6:50a	3:10p
5/22/05		Dale Schaffeld	10:46a	3:00p
5/23/05		T Carter RN	2:45pm	1900pm
5/24/05		Leslie Smith	10:50a	3:15p

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vacation/Holiday)	
5/23/05		E. McCaugh RN	charge	12 (7A-7P)
5/23/05		R. Whaffey RN	charge	12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name	
5/23/05		T Carter RN	(only worked 4 hrs)

For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L V. Stabler Memorial Hospital

Departmental Payroll Correction Form

Pay Period Ending

3/28/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

5/24/05Donna Ohsann Personal day = 8 hrs

Date	Employee #	Employee Name	Benefit Vacation/Holiday	Number of Hours
5/24/05		D.Ohsann RN	Charge	12 (7A-7P)
5/24/05		T.Carter RN	Charge	12 (7P-7A)
5/27/05		F.McGough BSN	charge	4 (3P-7P)
5/27/05		T.Carter RN		12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
5/29/05		T.Carter RN

For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____ Transferring _____

Pay Period Ending 5/14/05

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/ Sick/Holiday)	Number of Hours
5/14/05		D.Ohsann RN	Charge	12
5/14/05		J.Carter RN	Charge	12

Transfer Hours

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
5/14/05		M. Stringer
5/14/05		J.Carter RN
5/14/05		A. Barron LPN

For Transfer Hours, both the transferring and receiving department manager(s) or their designee(s) must sign the form to authorize the shift hours. Note that the department/receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

Pay Period Ending

5/14/05

L V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Department Name:

ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
5/12/05		R. Whatley RD	charge	7A-2P (7)
5/13/05		D Ohsam RD	charge	2P-7P(5)
5/13/05		T Carter RD	charge	12(7P-TA)
5/15/05		R Whaling RN	charge	13(7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
5/15		A Burroughs Len
5/15		R Whaling RN

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving

Transferring

L V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
5/9/05		F. M. Gough	charge	12 (7A-7P)
5/19/5		C. Baxter	charge	12° 7P-7A

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
5/9/05		H Carter

(3P - 7P)

*For Transfer Hours, both the transferring and receiving department manager(or their designee)s must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____ Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 6/11/05Department Name: ER

(NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.)

Missed Punches:

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
6/3/05		T Carter RNP	1830	0725
6/4/05		T Carter RNP	1900	0725

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
6/1/05		T Carter RNP	charge	12 (7A-7P)
6/3/05		M Gibson RN	charge	12 (7A-7P)
6/3/05		T Carter RNP	charge	12 (7A-7P)
6/4/05		M Stringer RN	charge	12 (7A-7P)

Transfer Hours:

Date	Employee #	Employee Name	Department?	Number of Hours
6/4/05		T Carter RNP	charge	12 (7A-7P)
6/5/05		M Gibson RN	charge	12 (7A-7P)
			To Which Department?	(7A-7P)

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
6/3/05		T Carter RNP
6/3/05		A Barron RNP
6/3/05		F Kiellough
6/4/05		M Stringer RNP
		D Steele RN

*For Transfer Hours, both the transferring and receiving department manager (or their designee), must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

6/4/05 also
6/5/05 M Gibson RNP
Monica Stringer RNP

Receiving

Transferring

L.V. Stabler Memorial Hospital

Departmental Payroll Correction Form

Pay Period Ending

6/25/05

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
6/24		Donna Dinsen		
6/25		T Carter RN	1835	20715
6/26/05		Regina Wiltby RN	1840	0715

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
6/25/05		Melinda Gibson	7A-7P charge 12	
6/25/05		T Carter RN	7P-7A	12 -charge
6/26/05		Melinda Gibson	7A-7P charge 12	
6/26/05		Regina Wiltby RN	7P-7A	(Charge 12P(7P-7A))

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
6/24/05		Leslie Smith RN
6/25/05		M Stringer RN

clock out for lunch

For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form authorizes the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

receiving _____

Transferring _____

L V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 7/9/05Department Name: ER

(NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.)

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
7/1/05		Jessie Smith RN		1055 AM
7/2/05		Teri Carter RN	1845	0720
7/3/05		Teri Carter RN	1830	0715

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vacation/Holiday)	Number of Hours	
7/1/05		F. McCubrey RN	Charge	12	7A-7P
7/3/05		R. Whatley RN	Charge	12	7P-7A
7/4/05		MGibson	Holiday - Time Off 1/2	7a-7P	

Transfer Hours

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
7/1/05		Mehickle Strickland RN

*On Transfer Hours, both the transferring and receiving department manager(or their designee)s must sign the form authorizes the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

7/9/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
7/8/05	KBrugh RN	Charge	12	7A-7P
7/8/05	T.Carter RN		12	7P-7A
7/9/05	D.Ohsann RN		12	7A-7P
7/9/05	T.Carter RN		12	7P-7A

1-4-05 MStringer RN 7/4/05 8 hrs
To Whom

Date	Employee #	Employee Name	Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
7/8/05		Leslie Smith RN
7/8/05		Jeri Carter RN
7/9/05		MStringer RN - Dohsann RN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 7/23/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vac/Sick/Holiday)	
7-20-05		Corinne Baxter RN Charge	12 ⁰	7P-7A

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name	(From - To)

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name: *ER*

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
07/11/05		<i>Regina Ximenez</i>	1845	0715

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
7/11/05		<i>Melinda Gibson</i>
7/11/05		<i>Freda J. McGough</i>

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

8/6/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
7/28/05		R.Whately RN	charge	12 (7A-7P)
7/28/05		K.Baugh RN	"	12 7P-7A

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
7/28/05		R.Whately RN
7/28/05		T.Carter RN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
8-1-05		F McFrough	charge	12.

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
7-31-05		M. Gibson

*For Transfer Hours, both the transferring and receiving department(manager or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

8/20/05Department Name: ED

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
8/15/05		K.T Carter RN	1835	200730

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
8/15/05		F.McCaughlin	charge	12 (7A-7P)
		T.Carter RN	charge	12 (7P-7A)
8/16/05		F.McCaughlin	charge	12 (7A-7P)
		K.Baugh RN	charge	12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
8/15/05		K.Baugh RN
8/15/05		T.Carter RN

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
8/13/05		Delane Ward	Charge	12° (7P-7A)
8/13/05		Delane Ward	Charge	12° (7P-7A)
8/12/05		T Carter RN	charge	12° (7A-7P)
8/13/05		F. McCough RN	charge	12° (7A-7P)
Transfer Hours*		F. McCough, RN	charge	12 (7A-7P)
8/14/05		K. Brown, RN	To Which Department	12° (7P-7A)
Date 8/14/05	Employee #	Employee Name	Department	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
8/13/05		Delane Ward
8/13/05		Leslie Smith
8/12		T Carter & M.Gibson
8/13		T Carter RN, F. McCough RN, M. Stringer

*For Transfer Hours, both the transferring and receiving department manager(or their designates) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending 93/05**Department Name:****NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.****Missed Punches**

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
03/05		Dawn Dusana Charge	1A-1P	
03/21/05		Corinne Baxter RN Charge	12° 7P-7A	

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
9/1/05		Carter RN	1055	1925

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
9/1/05		Dohsang RN	charge	12 (7A-P)
		DWard RN	charge	12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name	Comments
			Leave in @ 1:15

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
3/26/05		<u>T Carter RN</u>	charge	12 (7A-7P)
		<u>D Ward RN</u>	charge	12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
3/26/05		<u>T Carter RN</u>
		<u>M Springer LPN</u>

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 9/3/05Department Name: ED

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vac/Sick/Holiday)	
9/2/05		Dohsun RD	charge	12 (7A-7P)
9/4/05		T Carter RD		12 (7I-7A)
9/3/05		Dohsun RD		8 (10A-7P)
9/3/05		T Carter RD	"	12 (7P-7A)
Transfer Hours*		M Gibson RD	To Which Department?	3 (7A-10A)

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
9/2/05		T Carter RD
9/2/05		D Ward RD
9/5/05		T Carter RD
9/5/05		L Smith RD

*For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L.V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 10/1/05Department Name: PR

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10/1/05		T.Carter PR	1840	0725

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/1/05		Dohsann PR	charge	12(7A-7P)
10/1/05		T.Carter PR	charge	12(7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/1/05		T.Carter PR
10/1/05		H.Smith PR
10/1/05		[REDACTED]
10/1/05		G.Salter PR

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L.V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 10/1/05

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
9/29/05		D.Ward RN	charge	12(7P-7A)
9/30/05		D.Ohsann RN	charge	12(7A-7P)
9/30/05		T.Carter RN	charge	12(7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
9/29/05		T.Carter RN
9/30/05		L.Smith RN
9/30/05		M.Stringer LPN
9/30/05		S.Smith RN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department/receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

10/15/05

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10-2-05		Melinda Gibson	12 8 - 7a - 7p charge	98
10-2-05		Corrine Baxter RN	Charge	12 7p

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10-2-05		Corrine Baxter RN
10-2-05		Melinda Gibson

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 10/15Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/9/05	4	Delane Ward	charge	12 ⁰ (7P-7A)
10/2/05		Delane Ward	4th Friday	8 ⁰
10/9/05		Freddie McHugh	charge	12 hrs (7A-7P)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/9/05		Delane Ward
10/9/05		Leslie Smith

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name: _____

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/13/05		Monica Stringer	charge	7a-7p
10/13/05		Delane Ward RN	charge	7P-7A (12")
10/14/05		Melinda Gibson	charge	7a-7p 12

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/13/05		Melinda Gibson
10/13/05		Monica Stringer

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/5/05		Delane Ward, RN	charge	12° (7P-7A)
10/6/05		Delane Ward, RN	charge	12° (7P-7A)
10/5/05		T Carter R	"	12 7A-7P
10/6/05		T Carter R	"	12 7A-7P

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/5/05		Leslie Smith, RN ✓
10/5/05		Delane Ward, RN ✓

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending 10/20/05

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10/20/05		<u>Freddie McGough</u>	10 am	11:30 am

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/19/05		<u>Delane Ward, RN</u>	Charge	7P-7A (12°)
10/20/05		<u>Delane Ward, RN</u>	Charge	7P-7A (12°)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/20/05	<u>10804</u>	<u>M. Strininger</u>
10/20/05		<u>M. Gibson</u>

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 10/29/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10/26/05		<u>Demetrius Steele</u>	8 1815	1900

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/26/05		<u>J Carter RN</u>	Charge	12 7A-7P
10/17/05		<u>J Carter RN</u>	Vac	12
10/18/05		<u>J Carter RN</u>	Vac	8
10/19/05		<u>J Carter RN</u>	Vac	8

Transfer Hours* 10/26/05 Regina Whately RN charge 12° (7P-7A)
10/27/05 Melinda Gibson RN To Which Department? 12° 7a-7p

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/26/05		<u>J Carter RN</u>
10/26/05		<u>M. Gibson RN</u>

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

10/29/05

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/28/05		T.Carter RN	charge	12 (7P-7A) A)
10/28/05		D.Ohsann RN	charge	12 (7A-7P)
10/28/05		F.mcGough AD	charge	12 (7A-7P)
10/29/05		Delane Ward RN	charge	12° (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/28/05		T.Carter RN
10/29/05		L.Smith RD

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

11/12/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
11/6/05		T Carter RN	0640	1935
11/6/05		T Carter RN	0640	1920

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
11/5/05		T Carter RN	charge	12(7A-7P)
11/5/05		D.Ward RN	charge	12(7P-7A)
11/6/05		D.Ohsann RN	charge	12(7A-7P)
11/6/05		R.Whately RN	charge	12(7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11/5/05		T Carter RN
11/6/05		M.Stringer RN
11/5/05		O.L.Smith RN
11/6/05		D.Ward RN

11/6/05 T Carter RN
11/6/05 M.Stringer RN
11/6/05 O.L.Smith RN

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
11/9/05		Donna Ohsann RN	charge	12° (7A-7P)
11/9/05		Delane Ward RN	charge	12° (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11/9/05		Melinda Bibbey RN
		Jeanne Ohsann RN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
11-16-05		Corine Baxter RN	Charge	12° 7P-7A
11-11-05		Denise Johnson	Charge	7A-7P
11-12-05		Corine Baxter RN	Charge	7P-7A
11-12-05		Denise Johnson	Charge	7A-7P

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11-12-05		M Strininger RN
11-12-05		D Johnson RN
11-12-05		H Sanders IPN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
11/1/05		Freddie McGough	Charge	7A-7P
11/1/05		Carine Baxter RV	Charge	7P-7A
11-2-05		Dohann RV	Charge	7A-7P
11-2-05		Carine Baxter RV	Charge	7P-7A

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name	
11/1/05		Melinda Gibson	no lunch
11/1/05		Freddie McGough	" "

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

11/24/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
11-25-05		Monica Springer	Charge	12 ⁰ 7A-7P
11-34-05		Monica Springer	Holiday	Thanksgiving 8 ⁰
11-26-05		Donna Disraeli	Charge	7A-7P

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11/25/05	1	Melinda Gibson
		Monica Springer

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
11/18/05		Regina Whately	Charge	P-7A (12 ⁰)
11/19/05		Regina Whately	Charge	M-7A (12 ⁰)
11/20/05		Regina Whately	Charge	T-7A (12 ⁰)
11/19/05		Freddie McGough	Charge	7a - 7p.
Transfer Hours* 11/20/05		Melinda Gibson	Charge	7a - 7p.

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11/19/05		Regina Whately RN
11/19/05		Delane Waid RN
11/19/05		Freddie McGough
11/19/05		Melinda Gibson

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11/20/05		Melinda Gibson
11/20/05		Freddie McGough

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 17/24/05Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit	Number of Hours
			(Vac/Sick/Holiday)	
12/20/05		T. McLaughlin	charge	12 (7A-7P)
12/20/05		T. Carter RJD	charge	12 (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
12/20/05		C. Baxter RJD
12/20/05		T. Carter RJD
12/20/05		J. Miller CNA

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
2/12/06		Freddie McTough RN	charge	12° (7A-7P)
2/12/06		Corine Baxter RN	charge	12° (7P-7A)
2/13/06		Ginger Salter RN	charge	12° (7A-7P)
2/13/06		Corine Baxter RN	charge	12° (7P-7A)

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
2/14/06		Ginger Salter RN	charge	12° (7A-7P)
2/14/06		Corine Baxter RN	charge	12° (7P-7A)
2/15/06		Freddie McTough RN	charge	12° (7P-7A)
2/15/06		Silene Ward RN	charge	12° (7P-7A)

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours
2/10/06		Monica Shipter	CHG	12° 7A-7P
2/16/06		T. Carter RN	charge	12° 7P-7A
2/17/06		Sonsam RN	"	12° 7A-7P
2/17/06		T. Carter RN	"	12° 7P-7A
2/18/06		M. Stringer RN	"	12° 7A-7P

On Call Hours

Date	Employee #	Employee Name	From	To
2/18/06		T. Carter RN	charge	12° 7P-7A

No Meal Break

Date	Employee #	Employee Name
2/17/06		M. Stringer RN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
3/11/08		Donna Ohseann	—	1920

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

Clock in was from
12:35 - 7:54

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: *ER*

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

[Handwritten signatures over the table]

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 6-10-06Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
6/1/06		Donna Olson	Vac.	12 hrs
6/5/06		Donna Olson	Vac.	3 hrs
6/6/06		Donna Olson	Vac.	3 hrs

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabier Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
6-2-06		Corinne Baxter	Education	6

Ach's
BL c
Pals
update

Transfer Hours*

ENT'D JUN 6 - 2006

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: *ER*

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/24/06		Regina Whetley RN
10/24/06		Melinda Stringer RN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
6-25-06		Corine Baxter		7 AM

S

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
6/22/06		Melinda Gibson
		Monica Stringer

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Department Name: *ER*

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Pay Period Ending _____

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
6.11.06		Monica Stringer	5PM	7PM

*S
Call in*

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
7-6-06		Evelyn Harden	8 AM	3:20

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabier Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 7/5/06Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
<u>7/4/06</u>		<u>Sonia Dawson</u>	<u>July 4</u>	<u>8</u>

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department(manager or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
07/14/06		Melinda Gibson
		Monica Springer

ENT'D JUL 18 2006

ENT'D JUL 18 2006

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
7-17-06		Corine Baxter RN	1825	0700

28
ENTD JUL 18 2006

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: *ER*

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
7/19/06		Donna Johnson	—	1920 ✓ <i>BS</i>
7/20/06		Donna Johnson	0100	— ✓ <i>BS</i>

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: *ER*

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
1/18/08			Personal Day	

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 9-14-04

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
7/14/03				

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
9/14/04		Vickie Crase ✓
9/14/04		Leslie Smith ✓
9/14/04		Willie Miller ✓

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10/11/06		Donna Thompson	0700	0830
10/12/06		Melinda Gibson	0700	1925 PENT'D OCT 16 2006
10/12/06		↓ ↓	654	ENT'D 2006

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10/12/06	Melinda Gibson	ENT'D OCT 16 2006
dv	monica stringer	ENT'D OCT 16 2006

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending 10-14-07

Department Name: ER

Effective Date: January 3, 1999

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10-11-07		Braxton, Corrine		out 710am <i>10/11/07</i>
10-10-07		Crase, Vickie		out 710am <i>10/10/07</i>
10-13-07		Gibson, Melinda		out 725pm <i>10/13/07</i>

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Hol)	Number of Hours
10-11-07		Willie Miller	Hcl - laborday	.80 + sick <i>FLINN</i>
10-09-07		Chasann, Danna	laborday	.50 <i>10/09/07</i>
10-13-07		Smith, Leslie	SICK .12	.12 <i>10/13/07</i>
10-13-07		Stringer, Monica	labor day 1/2 vac 1/2	.50 <i>10/13/07</i>

Transfer Hours*

Date	Employee #	Employee Name	To Which Department	Number of Hours
10-1-10-14		Ward, DeLane	VAC	.50 + labor day .80 <i>AD</i>

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

Stabler

* For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign on the form below to authorize the shift in hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Transferring Department Manager

Receiving Department Manager

**L. V. Stabier Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
6/7/00		Leslie Smith	1455	1550
		PAID JCT 9 - 2006		

78

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving

Transferring .

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10-8-06		Corine Baxter	1840	0700

28

Benefit Hours

PAID OCT 9 & 2006

Benefit
(Vac/Sick/Holiday)

Date	Employee #	Employee Name	Number of Hours

Transfer Hours*

To Which
Department?

Number of Hours

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

From

To

Date	Employee #	Employee Name	From	To

No Meal Break

Date Employee # Employee Name

*For Transfer Hours, both the transferring and receiving department (or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10-9-06		Carrie Baxter	1840	0720

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
10-28-06		Carrie Baxter	1845	0715
		ENT'D OCT 30 2006		

S
Clock didn't work

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabier Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches		Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
Date					
10/25/00			Leslie Smith	8:55	10:30
					END OCT 30 2000

Benefit Hours

Benefit Hours			Benefit (Vac/Sick/Holiday)	Number of Hours
Date	Employee #	Employee Name		

Transfer Hours*

Transfer Hours*			To Which Department?	Number of Hours
Date	Employee #	Employee Name		

On Call Hours

On Call Hours			From	To
Date	Employee #	Employee Name		

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager (or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving

Transferring...

ER Corrections

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name	ENT'D OCT 30 2006
10/18/06		Vickie Crase RN	ENT'D OCT 30 2006
10/18/06		Delane Ward RN	ENT'D OCT 30 2006
10/19/06		Leslie Smith RN	ENT'D OCT 30 2006
10/19/06		Delane Ward RN	ENT'D OCT 30 2006

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
10-29-06		Evelyn Hardin R
10-29-06		Monica Stringer RN

ENTD OCT 30 2006

ENTD OCT 30 2006

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending 11/1/06Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name	ENT'D NOV 6 - 2006
11-4-06		Monica Stringer RN	
11-4-06		Fredie McLaugh RN	
			ENT'D NOV 6 - 2006

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending

11-11-01c

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
10/30		DARIA MUSANA	Vacation	12
11/1		DARIA MUSANA	Vacation	12

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11/25/06		Melinda Gibson

AS

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
11-23-06		Corine Baxter	1845	0700
11-30-06		Donna Wilson	1430	1930

985
985

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11-24-06		M. Strader
11-30-06		E. Guleben
11-30-06		M. Strader
11-30-06		E. Guleben

985
985
985
985

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
11/18/06		Dawn Olson	0930	

11/18/06
Done

Benefit Hours

Date	Employee #	Employee Name	Benefit	
			Vac/Sick/Holiday	Number of Hours
11-21-06	8	Evelyn Hirsch	Leave	8 hrs

11/21/06
Done

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?		Number of Hours
			From	To	

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
12-16-07		Evelyn McGeough	VAC	= 40 0

S
done

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11-16-07		Evelyn Haider
11-16-07		Miriam Sitrung

S
done

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
11/28/02		Monica Stringer	1840	-0700 0645 18

Benefit Hours

Date	Employee #	Employee Name	Benefit	
			(Vac/Sick/Holiday)	Number of Hours
		Vicki Crase	Vac	78
11/27		Willie	Sick	18

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
12/3/00		1631 Re Smith	1:15	4:30

R/S

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department(manager or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
12/10		Diane Johnson		0920 ✓

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
12/10		Diane Johnson	Thanksgiving	✓ 8

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
11/3/07		Leslie Smith RN
11/3/07		Delane Ward RN

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
12/26		Janice Olson	Christmas	8 hrs
12/07		Janice Olson	SICK	12 hrs
12/29		Janice Olson	Vacation	8 hrs
			Thanksgiving	

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
24-07		C. Bratton		7:30 A.M.

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
12-1-07		ANGELA MUSGRAVE	NEW YEAR DAY	8

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
1/25/07		Leslie Smith	1845	2000

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

**L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form**

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
3/1/09		Dawn Johnson	070	1935

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving

Transferring..

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
3/16/07	REGINA MELLY		1130 AM	1910

JL Jettin

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
3/3/07		Melinda G. b5-7

ff. slw

*For Transfer Hours, both the transferring and receiving department manager (or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
3/12/07		Delane Ward	1910	0725

48

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____ Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
3-8-07		Corine Baxter	0945 AM	1110 AM
3/13/07		Leslie Smith	0950 AM	1110 AM
3-10-07		Regina Whitley	1130 AM	715 PM

8 done
78
79
78

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager (or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
03/28/07	Pegian Mattray		0700	1915

48

Benefit Hours

Date	Employee #	Employee Name	Benefit	
			(Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	
				Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
3/24		Delane Ward	clocked in	07305

48

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form


Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
3/25/07		Donna Ohsain	0707	1440



Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

ER
Pay Period Ending 4/28/07

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
4-17-07		Heather Sanders	10 AM -	12:18 PM

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
5/6/07		Leslie Smith	1500	1945

J
ENTD MAY 7 - 2007

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending _____

Department Name:

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
5/5/07		Delane Ward		0730

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name
5/4/07		Heather Sanders
5/4/07		Delane Ward
5/6/07		Heather Sanders
5/6/07		Delane Ward

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital
Departmental Payroll Correction Form

Pay Period Ending May 12Department Name: ER

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
5/11/07		Donna Ohsoan	0757	ENT'D MAY 11 2007

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours
4/30		Donna Ohsoan	Vac	ENT'D MAY 11 2007 1.80
5/10/07		Donna Ohsoan	SICK	ENT'D MAY 11 2007

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designee) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____

L. V. Stabler Memorial Hospital

Departmental Payroll Correction Form

Department Name: *ED*

NOTE: Please complete ALL necessary information on this form or it will be returned unprocessed.

Pay Period Ending _____

*JH
WV*

Missed Punches

Date	Employee #	Employee Name	Missed Punch "In"	Missed Punch "Out"
5/17/07		Leslie Smith RN	1020	1200
5/17/07		Willie Miller	1025	1125
5/17/07		Leslie Smith RN	2000	0200

Benefit Hours

Date	Employee #	Employee Name	Benefit (Vac/Sick/Holiday)	Number of Hours

Transfer Hours*

Date	Employee #	Employee Name	To Which Department?	Number of Hours

On Call Hours

Date	Employee #	Employee Name	From	To

No Meal Break

Date	Employee #	Employee Name

*For Transfer Hours, both the transferring and receiving department manager(or their designate) must sign the form to authorize the shift hours. Note that the department receiving the transferred employee will incur any overtime attributable to that employee for that pay period (no exceptions).

Receiving _____

Transferring _____